🍌 NONPROFIT 🍾 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # 72403

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90026 039 ****61.25

1. Corporation	or Name or in wood Villa	sII, Inci			564962-90026-3	2 *		
10440	astark, FL 34lddo	Mailing Address Custon Comn 2331 Bellaik Clearwatch, 1	Marat El 34621	Į.				
	Place of Business	2a. Mailing Address 26 70 C MG	Τ		3. Date incorporated or Qualified			
Suite, Apt.	# etc	26 70 C MG, Suite, Apt. #, etc.	<u> </u>		4. FEI Number	Apr	plied For	1
22	. # , 6.0.	27 P. D. BOY 47	068		59-1446478	Not	Applicable	
City & Star	te	City & State	a []		5. Certificate of Status Desired	\$8.75 A		
23		28 ST FORUSOU	la FL			Fee Re		-
Zip	Country	29 33743-7068 3	Dinella	_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•	
24	9. Name and Address of Current	120 771 77 1000	Jika a	2	10. Name and Address of New Registers		01000	1
17		-m. Lcam	81 Name	7	an Plister)		1
Ka			82 Street	<u> </u>	(P.O. Box Number is Not Acceptable)			ł
Cliston Comm Mant Inc 2331 Bellizoi K Rd Stet 3			12 3/12	<u> </u>	M6, I. hc_			
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CI	eakwater, FL	30/64	84 City"	$\stackrel{\mathcal{L}}{=}$	151 PIVE IV	85 7in C		1
			1 51	40	tersburg F	L 13 <i>5</i> 2	710	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize 				corpori oration	ation submits this statement for the purpose s board of directors, I hereby accept the app	of changing its o sointment as reg	registered jistered	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								ļ
					6 Ja. 6	14		
SIGNATURE	Vera 9 Du	shed_			5. 20 - C	17		€
	Signature, typed or printed name of regulared agent a	and title if applicable. (NOTE: Re	gistered Agent signature n	equired w	hen reinstating) DATE		RS IN 12	1/98)
SIGNATURE 12.	Signature, typed or printed name of regulared agent a OFFICERS AND	and title if applicable. (NOTE: Re		equired w			RS IN 12	(11/98)
12.	Signature, typed or printed name of regentared agent a OFFICERS AND	on the if applicable (NOTE: Re	gistered Agent signature n	equired w	hen reinstating) DATE	AND DIRECTO		
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, lof on an attachment with an address, with all other like empowered.

SIGNATURE:

HULLA TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR