## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

7 41 44	1998	<b>O</b> 111			DIVISION OF	CORPOR		ONS		Secretary of State		
DOCU t. Corporation			72920		(3)							
STUAF	rt Chur	CH	of the Nazaf	RENE	, INC.					) lastic istila kitla 1910 listi äskin ankalik vialt titik anka arak kitla		
Principal Plac	e of Busine:	\$s		M	failing Address					A LABYNI 16810 KIRIN IONIN KANKA MAKA DISTA OLATI BIRIN WINES MIDIT RIBIN BIRIN EBDI.		
3620 S.E. DIXII					D BOX 836					3. Date Incorporated or Qualified		
STUART FL 34 US	995			O:	ruart fl. 34995 S					03/29/1974		
										4. FEI Number Applied For 59-1573575 Not Applicable		
2. Principal P	lace of Busi	iness	4	2a. Mailing Address						5- Certificate of Status Desired S8.75 Additional		
Suite, Apt.	# otc			26	Sulte, Apt. #, etc.					Fee Required		
22	π, e.c.,			27						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	е				City & State					7. Is this nonprofit corporation a homeowners association?		
23 Zip		Т.	Country	28	Zip	Cou	ıntrv	,		Yes No  8. This corporation owes or has paid the current year Intangible		
24		25		29		30				Personal Property Tax due June 30. Yes XX No		
	9. Name	and	Address of Curren	t Regis	itered Agent		81	LNIama	_	10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent  BICKES, PAUL 3493 PALM CITY FL 34990  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statut.								1		ll E. Mackey		
								82 Street Address (P.O. Box Number is Not Acceptable) 2477 Renick Avenue				
( - ·····							83					
							84	City		rt St Lucie , FL 85 Zip Code 34952		
11. Pursuant	to the provis	sions	of Sections 617.050	and E	17.1508, Florida Statu	ites, the a	000	e-named	Corpor	rt St Lucie , FL   34952		
office or r agent. I a	egistered at m familiar y	gent, d lith, ag	or both, in the State/ ad ascept the obliga	of Flori	da. Such change was f. Section 617.0503, F	authorize Iorida Stat	d by tutes	y the corp s.	ooration	on's board of directors. I hereby accept the appointment as registered		
SIGNATURE.	1/1/1	[[]	1	W	Cr/	Wil	1	E Ma	acke	ey 1/11/98		
12.	Signature, type	d or bra	led name of registered ager OFFIQERS AND			13.	a Age	ent signature	required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D				☐ DELETE	1,1 Ti	TLE		D			
NAME	HOFFM	•				1,2 N			Ho	offman, Dave		
STREET ADDRESS	8013 SE WOODLAND HOBE SOUND FL							ADDRESS	80	013 SE Woodland Road obe Sound , FL 33455		
CITY-ST-ZIP TITLE	SD SD				XX DELETE	2,1 TI		ST-ZIP	Tr			
NAME	GALLOGLY, THOMAS									eramo, Jorge		
STREET ADORESS			RIDGE			2.3 ST	REET	ADDRESS	16	61 SW West Virginia Drive		
CITY-ST <u>-Z</u> IP	STUAR	T FL			VVI		_	ST-ZIP		ort St Lucie , FL 34983		
TITLE	PCD		11		XX DELETE	3.1 TI				/C/D □ Change ☒ Addition		
NAME STREET ADDRESS	BICKES		INSET TRACE			3.2 N/		ADDRESS		ackey, Will E. 477 Renick Avenue		
CITY-ST-ZIP	PALM C							ST-ZIP		OL T TOT 040E0		
TITLE	T				☐ DELETE	4.1 Ti	_	<u>-</u>	Ť	OTT ST LUCIE . FL 34952 Exchange   Addition		
NAME	BEIRNE	S, M	ALCOLM			4. 2 N	AME		B∈	eirnes, Malcolm		
STREET ADDRESS			HAMA CIR			4.3 ST	REET	ADDRESS	88	845 SE Bahama Cir		
CITY-ST-ZIP	HOBE	NOO	id fl		- Location			T-ZIP		obe Sound , FL 33455		
TITLE	D	n	THE CHANGE		DELETE	5.1 TI				/D <u>AAA</u> Change ☐ Addition		
NAME			EN, SHAWN			5.2 N/		ADDRESS		ngebretsen, Shawn		
STREET ADDRESS CITY-ST-ZIP	2126 NW FORK RD. STUART FL							ADDRESS IT-ZIP		126 NW Fork Road		
TITLE	OTOTAL IL				DELETE 6.1 T			··· Ln	TT-2	Change XXXAddition		
NAME						6.2 N	ME		Mã	îles, Greg		
STREET ADDRESS						6.3 51	REET	ADDRESS		453 SE Woodcrest Place		
CITY-ST-7IP						64 CI	TY-S	T-7IP	H¢	obe Sound , FL 33455		

14. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/11/98

561-283-8343

**FILED** 

Jan 27 1998 8:00am