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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 731013

THE ORMOND TERRACE ANNEX HOMEWONERS ASSOCIATION , INC.

Country

Principal Place of Business 263 GREENWOOD AVE ORMOND BEACH FLORIDA 32174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

263 GREENWOOD AVE **ORMOND BEACH FLORIDA 32174**

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90013 016 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10/31/1974

59-1826355

4. FEI Number

JANSSEN, MARLENE R. 263, GREENWOOD AVENUE ORMOND BEACH FL 32174 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0502 froids Statutes. SIGNATURE Signature, typed or provide name of registered agent and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SID NAME JANSSEN, MARLENE R. 12. VAME JANSSEN, MARLENE R. 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 12. VAME JANSSEN, MARLENE R. 12. VAME JANSSEN, MARLENE R. 12. VAME JANSSEN, MARLENE R. 13. TITLE 12. VAME JANSSEN, MARLENE R. 12. VAME JANSSEN, MARLENE R. 13. TITLE 12. VAME JANSSEN,	24	25	29 30				Trust Fund Contribution	<u> </u>	Added to	Fees
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263 GREENWOOD AVENUE ORMOND BEACH FL 32174 83 64 City FL 85 Zip Code TIT. Pursuant to the provisions of Sections 617,0502 and 617,5508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and complete agent and the first objects of the obligation of Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 14.0TV-ST-ZIP TITLE STREET ADDRESS GREENWOOD AVENUE 13. STREET ADDRESS GREENWOOD AVENUE 13. STREET ADDRESS GREENWOOD AVENUE 13. STREET ADDRESS GREENWOOD AVENUE 14.1TTLE PD GASSETT, RICHARD 22.NAME 23. STREET ADDRESS GREENWOOD AVE. 24.1TTLE PD GASSETT, RICHARD 32.1TTLE Change AND WILLDFONG; LLOYD 32.NAME 33. STREET ADDRESS GREENWOOD AVE. 43. STREET ADDRESS GREENWOOD AVE. 57. ST. ZIP GRAND BEACH FL GRAND	IANGGEN, MARI ENE R					Stroot Ad	dress (D.O. Boy Number is Not	Accentable)		
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Signature, typed or printed agent and title if appointables. Inches I	office or	registered agent or both in the State	of Florida. Such change was	authorize	a by t	ne corpora	rporation submits this statement tion's board of directors. I hereb	y accept the appo	אוועוועווו, מסיסעו	191010101
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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. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	CITY-ST-ZIP	and if that the information available	th this filing does not qualify				Section 119 07(3)(i) Florida Si	atutes. I further o	ertify that the in	formation

Country

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OLGNOTURE DE QUARRENE R. JANSSEN 01-64-99 904677-2675
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable