FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738676

Corporation Name

THE 221 NORTH CAUSEWAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
221 N CAUSEWAY NEW SMYRNA BCH FL 32169-5239 US	221 N CAUSEWAY NEW SMYRNA BCH FL 32169-5239 US

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90023 042 *****61.25

US	US				C THEORY REGION COUNTY COUNTY FAITH, THE STATE ONLY CHERN CLUBY CHERN CHERN CHERN CHERN CHERN CHERN CHERN CHERN		
2. Principal F	Place of Business	2a. Mailing Address	<u> </u>	 	Date Incorporated or Qualifed		
21		26			04/14/1977	· .	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ac	plied For
22		27			59 -1757455	f (`	t Applicable
City & Sta	te	City & State				\$9.75	
23		28			5. Certificate of Status Desired	Fee Re	
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added t	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	Frank in the Frank			81 Name			
ROSS - W	II DAM de JR varanne i 💎 va Arako	Photography Photography and a service		82 Street Add	dress (P.O. Box Number is Not Acceptable		
221 N CA	LLIAM L. JRANGESTAND 1980	JAMAK ET		Street Add	uress (F.O. Box Number is Not Acceptable	a)	
	(RNA BCH FL		l	83			
MEIT ON	INNA GOTTE						
•	•			84 City	•	FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	se the at	2016-Barned cor	moration cubmits this statement for the hi	mose of changing its	topictored
office or i	registered agent, or both, in the State o	Florida. Such change was at	thorized	by the corporat	poration submits this statement for the pution's board of directors. I hereby accept t	he appointment as re	gistered :
धः agent. । a	registered agent, or both, in the State o im familiar with, and accept the obligati	ons of, Section 617.0503, Flor	ıda Statu	ites.	[] 1984 · · · · · · · · · · · · · · · · · · ·	्रिक्षाक्षाः १५ , १६० ३।६१ ११ _६	74 2144 JESS
SIGNATURE	Signature, typed or printed name of registered agent	d title 16 I II	B				
12.			13.	Agent signature requir	ADDITIONS/CHANGES TO OFFIC	DATE	DS IN 12
TITLE	STD	· DELETE	1.1 111	16	PARTICIPATION OF THE	☐ Change	Addition.
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TITLE	PD	☐ DELETE	2.1 TIT	LE .		☐ Change	Addition
NAME	ROSS, WILLIAM, JR		2.2 NA	ME	e e		
STREET ADDRESS	636 N RIVERSIDE DRIVE		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000 3	2168	2.4 CF	TY-ST-ZIP			
TITLE	VD	☐ DELETÉ	3.1 TIT	LE]		☐ Change	☐ Addition
NAME :	HALL, MARK. R.	reamoned in the	3.2 NA	ME			
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	NEW SMYRNA BEACH FL 32168		3.4. CIT	ry-st-zip			
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NAME 201 N. CAUSE			4.2 NA	ME		_ ,	_
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CITY-ST-ZIP	Francisco	54C		Y-ST-ZIP			
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STREET ADDRESS	S70						ļ
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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 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 exactment with an address, with all other like empowered.

JWHELDAM CHUROSS Jr. President PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 904-427-5227