## **FILED**

Mar 26 1998 8:00am **FILE NOW: FILING FEE IS \$61.25** Secretary of State NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** Principal Place of Business Count Smalling Address 2870 Phases 3. Date Incorporated or Qualified Attourn CA 30305 4-21-80 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 26 2870 Phase Cou Fee Required 21 6. Election Campaign Financing \$5.00 May Be ال محر Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? ATIANTA 6A 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent MR. CLINT ANDREWS 2341 BARLAD Street Address (P.O. Box Number is Not Acceptable) SACKSONOILE, FI 32200 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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☐ Change ☐ Addition TITLE DUALD R.REILLY TO PAPER COURT 6, NW 16-18 STREET ADDRESS 1 3 STREET ADDRESS LAUTA GA SOSOK 14 CITY - ST - ZIP CITY-ST-ZIP CE PRESIDENT D DELETE Change Addition TITLE 213/18 NANCY REILLY 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS SNAL OR PENLY LE DILLETE TITLE ☐ Change ☐ Addition 3.2 NAME MASONWOOD DR. 3.3 STREET ADDRESS STREET ADDRESS 1 30052 NUSAWA CITY-ST-7IP 3.4. CITY - \$1 - ZIP Addition NAME TREASURES TO DELETE
STREET ADDRESS 10225 APT. B PLUMCKERKUME 4.1 THLE 4.3 STREET ADDRESS NC 2020 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE RITLE STRUCE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 30000245451 3 -03/12/98--01017--029 ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*61.25 6.4 CITY-ST-ZIP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an trustee empowered to expoute this report as required by Chapter 617. Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual refofficer or director of the corporation of the receiver or trust Block 12 or Block 13 if changed or an attachment with

SIGNATURE: