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NONPROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #



THE C	MENT # 753385 OVE AT LAKE MIRA HOME	OWNERS ASSO	CIATION, IN	.				
Principal Plac	e of Business	Mailing Addres	S		"	181 I 181 181 181 181 181 18		
P O BOX 1804 GOLDENROD F	L 32733	P O BOX 1804 GOLDENROD FL	32733-1804					
					3. Date Incorporated or Qua 07/17/1980	alified 3a. C	Date of Last F 07/08/19	Report 196
2. Principal P	lace of Business	2a. Mailing Add	Iress		4. FFI Number			pplied Fo
21		26			59-2105976		N	lot Applic
Suite, Apt.	#, etc.	Suite, Apt. #	f, etc.		5. Certificate of Status Desir	red 🔲		Additions
City & State	9	City & State			6. Election Campaign Finan	oina		equired May Be
23		28			Trust Fund Contribution			≀ May Be Ito Fees
Zip	Country	Zip	├	ountry	8. This corporation has liabi	lity for intangibl	e tax under s	
24	25	29	30		Ftorida Statutes		□ No	
	9. Name and Address of Curren	it Hegistered Agent		81 Name	10. Name and Address of N	iew Hegistered	Agent	
NUCCING	NOT HE							
BURGHARDT, H.F. \$984 LAKE MIRA DR.				82 Street	Address (P.O. Box Number is Not Ad	ceptable)		
	O FL 32817			83				
STICE ID	TO THE VENTI			04 00			1221	<u> </u>
				84 City		Fl	85 Zip	Code
CIONATURE	Signature, typed or printed name of registered ages	a dille if applicable.			d corporation submits this statement for poration's board of directors. I hereby be required when reinstating)			its registe s register
SIGNATURE .	Signature, typed or printed name of registal diagon OFFICERS AND	and title if applicable. D DIRECTORS	(NOTE: Registe	erad Agent signatur 3.	e required when reinstating) ADDITIONS/CHANGES TO	or the purpose of accept the ap	of changing in pointment as	RS IN 12
SIGNATURE	Signature, typed or printed name of registrous ago OFFICERS AND	and title if applicable. D DIRECTORS	(NOTE: Registe	erad Agent signatur 3.	e required when reinstating) ADDITIONS/CHANGES TO	or the purpose of accept the ap	of changing in pointment as ID DIRECTO	RS IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registrous ago OFFICERS AND PD PELLOSIE, JOHN	and title if applicable. D DIRECTORS	(NOTE: Registe 13 ELETE 1.1	erad Agent signatur 3. 1 TITLE DIV	e required when reinstating) ADDITIONS/CHANGES TO	or the purpose of accept the ap	of changing in pointment as ID DIRECTO	RS IN 12
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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 or lam 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 or an attachment with an address.

GNATURE:

SIGNATURE: