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**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

## **FILED** Mar 23 1998 8:00am Secretary of State

DATO	OVE MAI	NUH CUNDUMIN	IOM 4220CI	ATION, INC	•							
Principal Place of Business			Mailing Address				T HODRIN KONDO MONDO DELON DONDO DEL	IIO FOII DIOII GAI	fil oloff oloh	I BABUI AKANI EABI		
2505 BAY BLVI INDIAN ROCKS US		785	2505 BAY BLVD., APT 4 HNDIAN ROCKS BCH FL 34635					3. Date Incorporated or Qualified  08/19/1980  4. FEI Number  Applied For				
9 Dringing D	lace of Due!		l 2a Mailia	- Add				<u>59-2348793</u>			Not Applicable	
2. Principal Place of Business 21			2a. Mailing Address 26				5	5. Certificate of Status Desired Section Secti				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	Election Campaign Financing	_		May Be	
City & State			City & State			<del>-  </del> -	Trust Fund Contribution	<u>LJ</u>		to Fees		
23			28					7. Is this nonprofit corporation a homeowners association?				
Zip		Country	Zip		Counti	ry	8	. This corporation owes or has			Intangible	
24		25	29		30			Personal Property Tax due Ju	ne 30.	Yes	□ No	
	9. Name	and Address of Curr	ent Registered /	Agent		al		). Name and Address of New	Registered	Agent		
					8	1 Name	ı				ŀ	
	n, david				8:	2 Street	Address (	P.O. Box Number is Not Accep	table)	<del></del> -		
2505 BAY BLVD APT 4												
INDIAN	HOCKS BO	H FL 34635			8:	<b>3</b>					I	
					8	4 City	*****	· · · · · · · · · · · · · · · · · · ·	FL	85 Zi	ip Code	
11. Pursuant	to the provis	sions of Sections 617.0	502 and 617 150	8 Florida Statut	es the abov	ve-named	1 corporation	on submits this statement for th		f chenging	n its registered	
office or r	egistered a	gent, or both, in the Sta	te of Florida. Suc	ch change was a	authorized b	by the cor	poration's	on submits this statement for the board of directors. I hereby acc	cept the app	ointment	as registered	
	nii iainiikar w	itin, and accept the ob-	igations of, Section	UN 0 17.0003, PIC	Urida Statutt	55.						
SIGNATURE .	Signature, typed	d or printed name of registered a	agent and title if applica	ble (NOT	E: Registered A	gent signaturi	e required whe	en reinstating)	DATE			
SIGNATURE _	Signature, typed	<u> </u>	agent and title if applica	ble. (NOT	E: Registered A	gent signaturi		en reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12	
	Signature, types	<u> </u>	<del></del>	DELETE						DIRECTO		
12.	SD KNOTTS	OFFICERS A	<del></del>		13.							
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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 attachment with an address.

**SIGNATURE:** 

Holl Williams Bill Williams

(8/3) 596-2226