SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754660** 1. Corporation Name

(9)

FILED Sep 23 1998 8:00am' Secretary of State

CASSEL CREEK PROPERTY OWNERS' ASSOCIATION, INCOR PORATED					
Principal Plac	e of Business	Malling Address			ı
C/O JAMES I -2567-DERBYS CASSELBERR	HIRE CIRCLE	C/O JAMES BARTOW 2587 DERBYSHIRE CIRCLE CASSELBERRY FL 32707		Date Incorporated or Qualified 10/16/1980 FEI Number Applied For	
2 Departure	Place of Business	On Adallian Address		NOT APPLICABLE Not Applicat	əle
21 257	1 DERbyshire Gin	2a. Malling Address 26 2571 DERI	by shire cir	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.	/	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Sta		0': 0 0: 1		7. Is this nonprofit corporation a homeowners association?	\dashv
	SELDERRY TL	28 C 9 65 E b E A	rey	X Yes ☐ No	
Zip 327%	7. SLOO 25 SEMINOLE	Zip 29 32707-5650 3	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	- 1
241 00 1 1 10		egistered Agent	10016	10. Name and Address of New Registered Agent	
81 Name D				<u> </u>	
BARTOE	JAMES			ess (R.O. Box Number is Not Acceptable)	\dashv
-2567-DERBYSHIRE-OIRCLE			2571	DERBUSHIRE CIR	
CASSELB	ERRY FL 32707		83	7	
			84 City/ n.c	85 Zip Code	
-			A 5	50/benry FL 85 Zip Code 32707.56	50
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. I hereby accept the appointment as registered					
gent. I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes.					
SIGNATURE	reggy S. Will	eller PE	494 5. h	Theeler 9-10-48	
	Signature, typed of printed name of registered agent and		:Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD CHARLES E	☐ DELETE		Change Additi	on !
NAME	WHEELER, CHARLES E 2571 DERBYSHIRE CIR		1.2 NAME		
STREET ADDRESS	CASSELEBERRY FL		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	VPD	M per exe	1.4 CITY-ST-ZIP 2.1 TITLE		{
NAME	PETERSON, MARY	L] DELETE	2.2 NAME	Change Additi	on I
STREET ADDRESS	2587 DERBY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE	Change Additiv	Λ D
NAME	BRUMBAUGH, JANET	FT Detrie	3.2 NAME	— Sugnido — Voldin	-11
STREET ADORESS	2545 DERBY		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP		
TITLE	T	DELETE	4.1 TITLE	Change Addition	on
NAME	WARD, ANNETTE		4.2 NAME	— - Line	
STREET ADDRESS	2565 DERBYSHIRE CIR		4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP		
TITLE	-	OELETE	5.1 TITLE	Change Addition	no
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	F-1	
TITLE		DELETE	6.1 TITLE	Change Addition	nc
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ortification the information supplied with this	s filing does not suplify for the	6.4 CITY-ST-ZIP	tion 110 07/3\/\\ Elorida Statutas I further certify that the information	

4. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-98 407/33/4798 ste Dayline Phone #