## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Principal Place P O BO X65 JENSEN BEAUS  2. Principal Pla Suite, Apt. #	VILLAGE CON of Business CH FL 34958	754764 DOMINIUM ASSO	(9) OCIATION, INC.						
Principal Place P O BO X65 JENSEN BEAUS 2. Principal Pla 1 Suite, Apt. #	of Business CH FL 34958								
Principal Place P O BO X65 JENSEN BEAUS 2. Principal Pla 1 Suite, Apt. #	of Business CH FL 34958								
P O BO X65 JENSEN BEAUS  2. Principal Pla  1  Suite, Apt. #	CH FL 34958		Mailing Address			P (ABAYA MARA) BANK DIDAN ARAN ARAN ARAN ARAN ARAN ARAN ARAN A			
JENSEN BEAU US  2. Principal Pla  1  Suite, Apt. #	CH FL 34958								
Suite, Apt. #	·		P O BOX 65 JENSEN BEACH FL 34958 US						
Suite, Apt. #						3. Date incorporated or Qualified 3a. Date of Last Rep 10/22/1980 06/12/199			
Suite, Apt. #	ice of Business		a. Mailing Address			4. FEI Number	lied For		
.1	t, etc.	26	Suite, Apt. #, etc.		<del>-</del>	KU-20K93E3	Applicable		
2		27	7			5. Certificate of Status Desired Fee Reg			
City & State			Orty & State	·		6. Election Campaign Financing \$5.00 M			
Zıp	Cor	untry 28	1	Countr		rust Fund Contribution Added to	Fees		
1	25	29		30	,	8. This corporation has liability for intendible tax under s. 199     Florida Statutes	1.032,		
	9, Name and Ad	dress of Current Reg	istered Agent		т	10. Name and Address of New Registered Agent	<del></del>		
FORTE I	LORRAINE H			81	1		_		
	BUSINESS PARI	K PLACE		82	Stree	et Address (P.O. Box Number is Not Acceptable)			
JENSEN	BEACH FL 3495	7		83	<del> </del>				
				84	City				
1. Pursuant to	the provisions of Si	ections 617 0502 and 6	12 1500 Flacida Conic.		, ,	- 103 / Z(U L/O)	de		
or registered familiar with	d agent, or both, in and accept the ob-	the State of Florida, Suc ligations of Section 617	th change was authorize	es, the above i ed by the corp	named c poration":	corporation submits this statement for the purpose of changing its regist is board of directors. I hereby accept the appointment as registered ager	ered office		
IGNATURE						y and approximately agon	н. гал		
2. SI,	gradure, typed or protecting	OFFICERS AND DIRE			d signature	nons prestivate nonstating. DATE			
ILF	DV	OFFICENS AND DIRE	DELETE	13.		ADDITIONS CHANGES TO OFFICERS AND DIRECTORS II			
AME	GRAHAM, W O			1.2 NAME		☐ Change ☐	] Addition		
TREET ADDRESS	39 SEAVIEW A	VE .		13 STREET	ADDRESS	s			
TLF	MADISON CT		Doruge	14 CITY-S	1-ZiP				
AME	ds Stratton, Wi	I I IAM D	DELETE	2.1 TIFLE		☐ Change ☐	Addition		
REET ADDRESS	31825 BAYVIEV			2.2 NAME 2.3 STHEET	*honece				
TY - S1 - ZIP	AVON LAKE OF	1		2 4 CHY-S					
LE	DP		□] DELE 1€	3 1 TITLE		Change	Addition		
ME REET ADDRESS	WALDRON, DR. P.O. BOX 902,			3.2 NAME					
IY-ST-ZIP	NORMANDY BO			3.3 STREET		3			
LE	DT	41. 110	DELETE	3.4 CrTY-S 4.1 TrTLE	I ZIP				
Mē	EPPINGER, JOH			4. 2 NAME		Change .	Addition		
REE1 ADORESS	749 BAIR ROAD	)		43 STREET	ADDRESS				
Y - ST - ZIP LE	BERWYN PA D		DELETE	4 4 CITY - ST	1 - ZIP				
ME	DISANGRO, JOI	-IN	<b>∠</b> juttelt	5 1 T/TLF		TOWN LENDINGEN Charge &	Addition		
REET ADDRESS	7 KETTERING R			5.2 NAME 5.3 STREET A	anneree	21 PROSPECT ST			
Y · ST - ZIP	NORWOOD MA			54 CITY-S*		21 PROSPECT ST. SHREWSBURY MA. 01545			
LE	SD		DELETE	6 1 TiTLE			Addition		
	HEUGH, WILLIA 20 NE PLANTAT			6.2 NAME					
Y-ST-Z)P	STUART FI			63 STREET A	_ [				
<ul> <li>I do hereby co certify that the</li> </ul>	ertify that the inform	ation supplied with this	filing is voluntarily furnis	64 City - St hed and does	not qua	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If the countries and that the signature shall have the countries and that the signature shall have the countries.			
			t or supplemental annua the receiver or trustee e achment with an addres		and ac	ialify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I fu occurate and that my signature shall have the same legal effect as if made ite this report as required by Chapter 617, Florida Statutes; and that my r	iraner under		

SIGNATURE:

Charles (407) 225-1166