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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Feb 16 1998 8:00am Secretary of State

| Principal Plac | | M ASSOCIATION, INC. Mailing Address | | | | | | | |
|---|--|---|--|--|-----------------------|---|-------------------|--------------------|--|
| l | | | | | | | | | |
| FORT MYERS FL 33908-4318 | | 6010 FOREST BLVD FORT MYERS FL 33908-4318 | | | | 3. Date incorporated or Qualified 02/09/1981 | | | |
| | | | | | | 4. FEI Number | | , - | Applied For |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 59-2152906 | | | Not Applicable Additional |
| 21 | | 26 | | | | Certificate of Status Desire | od 🗆 | | Required |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 6. Election Campaign Financ | ing | | May Be |
| 22 City & Stat | | City & State | | | | Trust Fund Contribution | | | to Fees |
| 23 | u | 28 | | | | 7. Is this nonprofit corporation | n a homeow Yes | ners associa No | llon? |
| Zip | Country | Zip | Countr | у | | 8. This corporation owes or h | | | Intennible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due | June 30. | Yes | ☐ No |
| | 9. Name and Address of Cui | rrent Registered Agent | | | | Name and Address of Na | w Register | ed Agent | |
| | | | 61 | Name | • | | | | |
| ARMSTRONG, KENNETH | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | Drest Blyd Rs Fl 33908 | | 83 | | | | | | |
| FIMILE | no rt. 33800 | | | | | | | | |
| | | | 84 | City | | | F | 85 Zi | p Code |
| 11. Pursuant | to the provisions of Sections 617. | 0502 and 617.1508, Florida Statu | ites, the abov | re-namec | d corpora | ition submits this statement for | | | its registered |
| office or r agent. I a | to the provisions of Sections 617. egistered agent, or both, in the St m familiar with, and accept the ot | tale of Florida. Such change was bligations of, Section 617.0503, F | authorized b Iorida Statute | y the cor | rporation' | 's board of directors. I hereby | accept the | appointment i | as registered |
| | • | | | | | | | | |
| ISIGNATURE | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered | | TE: Registered Ag | eni signaturi | re required w | 4. | DAT | | |
| 12. | OFFICERS | AND DIRECTORS | 13. | ent signaturi | re required w | then reinstating) ADDITIONS/CHANGES TO (| | ND DIRECTO | |
| 12. TITLE | OFFICERS SD | | 13. 1.1 TITLE | | re required w | 4. | | | |
| 12. TITLE NAME | OFFICERS SD TOMASHEFSKI, PEG | AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | | re required w | 4. | | ND DIRECTO | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS SD TOMASHEFSKI, PEG 16442 TIMBERLAKES #10 | AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | T ADDRESS | re required w | 4. | | ND DIRECTO | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS SD TOMASHEFSKI, PEG 16442 TIMBERLAKES #10 FT MYERS FL | AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 | T ADDRESS | re required w | 4. | | ND DIRECTO | e Addition |
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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 roceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

941433-0111