FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name 761182

(5)

FILED
May 11 1998 8:00am
Secretary of State

2. Principal Place of Business 2a. Mailing Address 59-220537 2b. Suite, Apt. #, etc. Suite,	ay Be Fees ? ngible No
SUITE C PALM MARBOR FL 34685 US 12/21/1981 4. FEI Number 59-2220537 59-22205	Applicable dditional julred ay Be Fees 7 ngible No
4. FEI Number 59-22/0537 Not 59-22/053	Applicable dditional julred ay Be Fees 7 ngible No
2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired \$8.75 A Fee Re Suite, Apt. #, etc. \$Uite, Apt	Applicable dditional julred ay Be Fees 7 ngible No
2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired \$8.75 A Fee Re Suite, Apt. #, etc. 3. Suite, Apt. #, e	dditional ulred ay Be Fees ? ngible No
Suite, Apt. #, etc. City & State City & State City & State 7, Is this nonprofit corporation a homeowners association Yes No No Yes No No Yes No No No Yes No No Yes No No No No No No No N	ulred ay Be Fees 7 ngible No
Suite, Apt. #, etc. Suite, Apt. #, etc.	ay Be Fees ? ngible No
Trust Fund Contribution	Fees Pagible No
City & State City & State City	ngible No
Zip Country Zip Country B. This corporation owes or has paid the current year into Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	ngible No
Zip Country 28	No
25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCANNAVINO, DOMINICK 0490 E. LAKE RD., SUITE C PALM HARBOR FL 34885 82 Syeel Address (P.O. Box Number is Not Acceptable) the C 83 City FL 85 Zip C 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 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Bignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE S AGNELLO, CHARLES 1.1 TITLE 1.2 NAME Bill Thoden 6047 Elmhurst Dr. New Port Chey, FL	No
SCANNAVINO, DOMINICK 0490 E. LAKE RD., SUITE C PALM HARBOR FL 34685 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 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Bignature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent algusture required when reinstating) 12. OFFICERS AND DIRECTORS TITLE AGNELLO, CHARLES STREET ADDRESS 6641 KELSEY LANE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 10. Name and Address of New Registered Agent ACCEPTAGE AGENT ACCEP	
SCANNAVINO, DOMINICK 0490 E. LAKE RD., SUITE C PALM HARBOR FL 34685 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 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS TILE AGNELLO, CHARLES STREET ADDRESS G641 KELSEY LANE NEW PORT RICHEY FL SYPPL Address (P.D. Bex Number is Not Acceptable) to C 14. City FL STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. STREET ADDRESS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. STREET ADDRESS 17. STREET ADDRESS 18. STREET ADDRESS	
O490 E. LAKE RD., SUITE C PALM HARBOR FL 34885 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 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 reasonable. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Bignature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE S AGNELLO, CHARLES STREET ADDRESS 6641 KELSEY LANE NEW PORT RICHEY FL 14 CITY-SI-ZIP New Port Fachey, FL	
O490 E. LAKE RD., SUITE C PALM HARBOR FL 34885 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 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 reasonable. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Bignature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE S AGNELLO, CHARLES STREET ADDRESS 6641 KELSEY LANE NEW PORT RICHEY FL 14 CITY-SI-ZIP New Port Fachey, FL	
PALM HARBOR FL 34685 84 City FL 85 Zip C 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 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent algorithment required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE S W DELETE 1.1 TITLE Thoden STREET ADDRESS 1.2 NAME Bill Thoden STREET ADDRESS 6641 KELSEY LANE STREET ADDRESS 6047 Elmhurst Dr. CITY-SI-ZIP NEW PORT RICHEY FL 1.4 CITY-SI-ZIP New Port Fachey, FL	
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 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent algorithment as readered when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE Signature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent algorithment required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Title T	
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 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 ready and the provision of the corporation's board of directors. I hereby accept the appointment as ready and the provision of the purpose of changing its 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 ready and the provision of the purpose of changing its office or registered agent, or both, in the State of Florida. Statutes. SIGNATURE S	
SIGNATURE Signature Signa	registered agistered
SIGNATURE Signature Signa	egistered
SIGNATURE Signature Signa	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE \$ IN THE SAGNELLO, CHARLES STREET ADDRESS CITY-SI-ZIP NEW PORT RICHEY FL (NOTE: Registered Agent algoritus required when reinstating) DATE (NOTE: Registered Agent algoritus required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE T Change 1.2 NAME 1.3 STREET ADDRESS 6041 KELSEY LANE 1.4 CITY-SI-ZIP NEW PORT RICHEY FL NEW PORT RICHEY FL	
TITLE S DELETE 1.1 TITLE TO Change T	
NAME STREET ADDRESS CITY-SI-ZIP AGNELLO, CHARLES 12 NAME Bill Thoden 6047 Elmhurst Dr. 6047 Elmhurst Dr. 14 CITY-SI-ZIP NEW PORT RICHEY FL 14 CITY-SI-ZIP New Port Richey, FL	LN 12
STREET ADDRESS 6641 KELSEY LANE 1.3 STREET ADDRESS 6047 Elmhurst Dr. CITY-SI-ZIP NEW PORT RICHEY FL 14 CITY-SI-ZIP New Port Richey, FL	Addition
CITY-SI-ZIP NEW PORT RICHEY FL 14CITY-SI-ZIP New Port Richey, FL	
TITLE VP DELETE 2.1 TITLE D XX Change	Addition
NAME LUSSIER, AL 22 NAME	
STREET ADDRESS 628 HICKORYWOOD LN 2.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 2.4 CITY-ST-ZIP	
TITLE TD DELETE 3.1 TITLE D & Change	Addition
NAME COURNOYER, GEORGE 32 NAME	
STREET ADDRESS 6028 ELANHURST DRIVE 3.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34.CITY-ST-ZIP	
TITLE D DELETE 41 TITLE S	Addition
NAME ROY, RAY 4.2 NAME	
STREET ADDRESS 6041 WILDS DRIVE 4.3 STREET ADDRESS	
A MARIA COMPANIA MARIA M	
CITY-ST-ZIP NEW PORT RICHEY FL 44 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE P & Change	Addition
NAME WORSHAM, ROGER 52 NAME	
STREET ADDRESS 6100 ELAH-URST DRIVE 53 STREET ADDRESS	ļ
CITY-ST-ZIP NEW PORT RICHEY FL 5.4 CITY-ST-ZIP TITLE PD 5.1 TITLE VP KE Change	
The Po	
NAME CONSALVO, BOB 62 NAME	Addition
STREET ADDRESS 6125 WILDS DRIVE 6.3 STREET ADDRESS	Addition
CITY-ST-ZIP NEW PORT RICHEY FL 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 L bereby certify that the information supplied with this fillion does not qualify for the examption stated in Section 119 07/39/i) Florida Statutes I further certify that the	Addition

• I perept certify that the information supplied with this filling 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 suppliemental 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 op an attachment with an address.

CICNATURE.

18 WOBHAM 4/23/98 (83)934-3227