NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

766539

(1)

TAMA	UVIC	HOMEOWNER'S	ACCACIATION:	IMC
ILIVERIA	UMNO	DUNGUNIALD 9	MOOUNT INTO THE	HIME

Principal Place of Business Mailing Address			ailing Address					ı raðini raðisé direð dreði Erind stjil sam Björi arðin dréti diðir dröti dröti dröti fræt						
103 S US 1		•	103 S U S HWY 1 HF5-135 JUPITER FL 33477 US											
F\$-135														
JUPITER FL 33477 US										ate of Last Report 02/20/1995				
2. Principal Pla	ace of Business		2a.	Mailing Address					4. FEI	Number			Applied For	
21		26	26				59-2566901				Not Applicable			
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Cer	tificate of Status Desired			75 Additional e Required		
City & State				City & State				6. Elec	ction Campaign Financing		\$5.	00 May Be		
23			28	28				Tru	st Fund Contribution		- - ·	ded to Fees		
Zip		Country		<i>Z</i> ıp	Co	Country			8. This	s corporation has liability for	intangible ta	x under	s. 199.032,	
24	25	1 .	29		30									
9. Name and Address of Current			ent Regis				10. Name and Address of New Registered Agent							
						81	Name	9						
INGLIS,	Steve					82 Street Address (P.O. Box Number is Not Acceptable)				ole)				
C/O BRIS	Stol MGMT													
103 S U	S1, F5-135					83								
JUPITER	FL 33477					84	City					85	Zıp Code	
44 5 4											FL	1. 1.		
11. Pursuant to or registere	o the provision ed agent, or bo	s of Sections 617.050 th, in the State of Flo	J2 and 61 rida. Suct	7.1508, Florida Statut h chance was authoriz	es, the at red by the	oove-n	amed c oration's	corporation 's board of	n subm f directi	nits this statement for the pur ors. Thereby accept the app	pose of cha ontment as	nging its reaistere	₃ registered office ed agent. Lam	
familiär wit	th, and accept	the obligations of, Se	ction 617.	.0503, Florida Statutes	3.	·						_	J	
SIGNATURE _	Clonatur, hippetor	rinted name of registered age	unt manufacture of	made ald a	OTE D av to		l a marah ara	e required whe			DATE			
12.	Cignature, typeo or p	OFFICERS A			13	_	i agrature	B redoited wife		DITIONS/CHANGES TO OFF		D:REC1	FORS IN 12	
TITLE	122			DELETE		TITLE		342			4	Change		
NAME	SANTOMA	SO PAM			1.2	NAME		SAN	STOP	nasc, tam Raintree Lan	•		L ?	
STREET ADDRESS		ITREE LANE			1.3	STREET	ADDRESS	101	3 1	RAINTree LAN	E			
CITY-ST-ZIP		H GRDNS FL				CITY-S		Par	mT	Beach GARDENS	, fil			
THILE	SD			DELETE		TITLE		25	TD	,		Change	e Addition	
NAME	BEREDA,	JAN		73	22	NAME					_			
STREET ADDRESS	1027 RAIN				23	STREET	ADDRESS	10	93	. Dodge RAINTree ka	Atte Co	JET		
CITY-ST-ZIP		H. GRDNS FL			2 4	CHY-S	T - Z IP	JAPAL	_m^	BEACH GARD	ENS F	<u> </u>		
TITLE	DD			DELETE	3.1	TITLE		40				Change	e 🔀 Addition	
NAME	WHITE, R	OBERT		, ·	3.2	NAME		SA	m t	tunt -			-	
STREET ADDRESS	1035 RAIN				3.3	STREET	ADDRESS	101	19	RAINTree DRI	<i>se</i>			
CITY-ST-ZIP		ACH GDNS FL			3.4.	CITY-S	T-ZIP	1 8	4LM	BEACH GAR	LENS.	ドレ		
TITLE	PD			DELETE	41	TITLE		T			7	Change	e 🔲 Addition	
NAME	ALLEN, JA	MES			4. 2	NAME								
STREET ADDRESS	1037 RAIN	itree dr.			4.3	STREET	address	s						
CITY-ST-ZIP	PALM BC	H GRDNS FL				CITY-S	T-ZIP							
TITLE	VD			DELETE	51	TITLE					[] Change	e 🔲 Addition	
NAME	JIMENEZ,	SHEILA			52	NAME		1						
STREET ADDRESS		ITREE LANE			5.3	STREET	ADDRESS	s						
CITY-ST-ZIP		H GRDNS FL			54	CITY-S	T - ZIP							
TITLE				DELETE	61	TITLE		DD)			Change	e 🗹 Addition	
NAME					62	NAME		PAT	77	TROTTER				
STREET ADDRESS					63	STREET	address	1 ' ' ' ' -	9	RAINTree DRI BEACH GARD	ve_	- .		
CITY-ST-ZIP					64	CHTY-S	T · ZIP	L cPA	<u>۱۳</u> ۳۷,	Beach Gard	ENS, F	- L		
14 Ldo borob	a codify that th	o information numbing	d with this	filipa je voluptorily furr	sichod an	d door	not ou	valify for th	00.000	notion stated in Costing 110	07/21/IA Ela	ida Stal	tutos I further	

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

624-4582-Daytore Phone #

;R2E037 (12/95)