

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. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767078 (9)

1. Corporation Name

SURREY WOODS TOWNHOME ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% NANCY GRIECO
2830 B STONEWAY
FT. PIERCE FL 34982
US

% NANCY GRIECO
2834 B STONEWAY
FT. PIERCE FL 34982
US

FILED
Aug 06 1998 8:00am
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/18/1983

4. FEI Number

59-2476982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

GRIECO, NANCY
2830 B STONEWAY LANE
FT. PIERCE FL 34982

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Nancy Grieco
Signature typed or printed name of registered agent and title if applicable.

NANCY GRIECO

7-9-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GRIECO, NANCY
STREET ADDRESS 2830-B STONEWAY LN
CITY-ST-ZIP FT PIERCE FL

☐ DELETE

TITLE VD
NAME HARK, KENNETH
STREET ADDRESS 2830 B STONEWAY LANE
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE D
NAME JERMAN, GEORGE
STREET ADDRESS 2815-A STONEWAY LANE
CITY-ST-ZIP FT PIERCE FL 34982

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME STAGI, JANET
1.3 STREET ADDRESS 2816-A STONEWAY LANE
1.4 CITY-ST-ZIP Fort Pierce FL 34982

☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME DePula, Mary Alice
2.3 STREET ADDRESS 2833-A Stoneway Lane
2.4 CITY-ST-ZIP Fort Pierce, FL 34982

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Nancy Grieco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-98

Date

501 465-6300

Daytime Phone #

CR2E037 (5/98)