


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State



| | | | |
|---|--|--|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N10524 (9) 1. Corporation Name INVERNESS CONDOMINIUM V ASSOCIATION, INC. | | | |
| Principal Place of Business HARBOUR MANAGEMENT & MAINTENANCE 552 MAIN STREET SAFETY HARBOR FL 34695 | | Mailing Address HARBOUR MANAGEMENT & MAINTENANCE 552 MAIN STREET SAFETY HARBOR FL 34695 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 9. Name and Address of Current Registered Agent MEZER, STEVEN H PA 1212 COURT STREET SUITE B CLEARWATER FL 34616 | | 10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____ Signature, typed or printed name of registered agent and title if applicable. | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LOCASCIO, RUSS 2599 COUNTRYSIDE BLVD #103 CLEARWATER FL <input type="checkbox"/> DELETE | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | 103 CRESTWOOD DR. SAFETY HARBOR FL 34695 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD NELSON, MARY- 2599 COUNTRYSIDE BLVD. 10-115 CLEARWATER FL <input type="checkbox"/> DELETE | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | ELIZABETH OLIVER #10-111 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SALLET, GEORGE 2599 COUNTRYSIDE BLVD, 10-205 CLEARWATER FL <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CULLEM, JOHN 2599 COUNTRYSIDE BLVD 10-212 CLEARWATER FL <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D VERONA, DARLEEN 2599 COUNTRYSIDE BLVD #10-102 CLEARWATER FL <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | |

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: *Russ Locascio* (RUSS LOCASCIO) 1/16/98 813-878-3931

CR2E037 (10/97)