## 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)

OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION

**FILED** May 11 1998 8:00am Secretary of State

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, INC.								
Principal Place of Business Mailing Address						-{		
P O BOX 2081 P O BOX 2081						3. Date Incorporated or Qualified	$\neg$	
SEFFNER FL 33584 SEFFNER FL 33584						12/10/1985		
						4. FEI Number Applied Fo	or	
						59-2816940 Not Applic	-	
2. Principal Place of Business 2a. Mailing Address				•		5. Certificate of Status Desired S8.75 Addition	al	
21		26	26			5. Certificate of status besired Fee Required		
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	İ		
22	<u>,</u>	27				Trust Fund Contribution Added to Fees		
City & State	•	28	City & State			7. Is this nonprofit corporation a homeowners association?  Yes  No		
Zip Country		Zip	Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30	90		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent		
			İ	81	Name		İ	
	l, gladys			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	$\neg$	
222 HALTON CR				83			-	
SEFFNE	R FL 33584							
				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 fargiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE SLAVED 1-11-98								
	Signature, typed or parted name of registers			Agen	nt signature require	ed when reinstating) DATE		
12.	• OFFICERS	AND DIRECTORS DELETE	13.	1.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<i>f</i>					S	
NAME STREET ADDRESS	ASCHE, PAUL 201 HALTON CR	12N		-	ADDRESS	2.2.	<b>元</b>	
CITY-ST-ZIP	SEFFNER FL			ry-St			₽v	
TITLE	V	DELETE 2.1		******		elegalones Torce Change MAG	idition	
NAME	RIGGS, RANDY	NDY 221			20	elegnides; Jorge Change DA		
STREET ADDRESS				REET /	ADDRESS <	effner fl 3384		
CITY-ST-ZIP	SEFFNER FL 2		2.4 C	TY-S	T-ZIP	Vicectoe .		
TITLE	D DELETE 3		3.1 TIT	LE	0	rector Change KA	dition	
NAME	PAFUNDA	6.3	3.2 NA	ME	R	ussell, William		
STREET ADDRESS	308 HALTON CR		3.3 ST	REET /	address 🏻 🎝	122 /10/10/10/10		
CITY-ST-ZIP	SEFFNER FL			TY-\$1	T-ZIP S-	effner 91 33584		
TITLE			4.1 10			☐ Change ☐ Ad	dition	
NAME	RUSSELL, GLADYS			AME			ŀ	
STREET ADDRESS	222 HALTON CR				ADDRESS			
CITY-ST-ZIP	SEFFNER FL	DELETE	4.4 CITY		T-ZIP	Change Ad	Idition	
TITLE	D AVDEO OFFILE	DELETE			1	CT cuante T vo	AUTON 3	
NAME	AYRES, GERALD		5.2 NAME				- 1	
STREET ADDRESS	303 HALTON CIRLCE SEFFNER FL		5.3 STREE				1	
CITY-ST-ZIP TITLE	D SEFFNER FL	☐ DELETE	5.4 CITY- 6.1 TITLE		On a	esident. Change La	dition	
NAME	NELSON, ERIC		6.1 TITLE		IV.	elson, ERK		
STREET ADDRESS			1	6.3 STREET ADDRESS		DE ALTON CIR		
				64 City-ST-ZIP		effner Fl 33584	J	
CITY-ST-ZIP	VEI 1 17611 7 6		0.7 (1	31	1.36			

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:

813 654 2415