## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

POCUN	MENT # N1325	7 (3)				1 /		
	rryway homeowners as				. ( <b>0.1</b> /4/1/ 1.0 ) (1.10 ) (1.10 ) (4.10 )			
Principa! Place of Business Mailing Address								
824 E. FLETCHER DR.         824 E. FLETCHER AVE.           1127 MAIN STREET         TAMPA FL 33612           TAMPA FL 33612         US								
US	<b>2</b> 012	US		3. Date Incorporated or Qualified 01/04/1991				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
1]		26			59-2628974		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ed S8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip	Country 25	Zip Cou 29 30		<i>'</i>	<ol> <li>This corporation has liability for intangible tax under s. 199.0</li> <li>Florida Statutes</li> </ol> Yes ☐ No		. 199.032,	
<u>-:</u>	9. Name and Address of Current		<del></del>		10. Name and Address of New R	1		
			81	Name				
MEZER.	STEVEN P		82	Street Ado	dress (P.O. Box Number is Not Acceptable	e)		
1212 COURT STREET					( Address II . O. Dox Hamber Is Not Acceptable)			
SUITE B								
CLEADMATED EL 24616				City		las 1 7	p Code	
CLEARWATER PL 34010						FL  85   Z	p Code	
familiär wit SIGNATURE	th, and accept the obligations of, Section Stantage, typed or printed name of registered against OFFICERS AND	on 617.0503, Florida Statutes.			and of directors. I hereby accept the appoint of when reinstained.  ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	SD	DELETE	1.1 TITLE	T	<u> </u>	Change	☐ Addition	
NAME	REVELS, DEL		1.2 NAME	็อ	el Revels	•		
STREET ADDRESS	11655 FOX CREEK DR		1.3 STREE		655 Fox Creek Dr			
CITY-ST-ZIP	TAMPA FL		1.4 C/TY		2mor FL 37635			
TITLE	PD	☐ DELETE	21 TITLE			☐ Change	Addition	
NAME	JOHNSON, GLENN		2 2 NAME					
STREET ADDRESS	11905 STEPPINGSTONE BLVI	<b>)</b> .	2 3 STREE	T ADDRESS				
CITY - ST- ZIP	TAMPA FL		2 4 CITY	ST-ZIP				
TITLE	TD	<b>X</b> DELETE	3 1 TITLE	7	70	Change	Addition	
NAME	Boozer, Robert		3.2 NAME	ل ا	erry Hanilan			
STREET ADORESS	11609 BRANCH MOORING DI	R	3 3 STREE	T ADDRESS 1	erry Hanjian 1407 Georgetown Com	) <del></del>		
CITY - ST - ZIP	TAMPA FL		3.4. CITY	ST-ZIP 7	Emps FL 33635			
THTLE		DELETE	4.1 TITLE		:/b	☐ Change	Addition .	
NAME			4 2 NAME	[τ	loune L. Sanford			
STREET ADDRESS			4 3 STREE		11519 Glanmait Dr			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY -	ST- ZIP '7	Tampe FL 33635		<b>—</b>	
TITLE		DELETE	5 1 THTLE	I	)	Change	🔀 Addition	
NAME			5.2 NAME	!	sandy Shortendse			
STREET ADDRESS			5.3 STREE	T ADDRESS   //	1420 Glenmour in			
CITY-ST-ZIP			5.4 CITY-	ST-ZIF	Fampe FL33655			
TITLE	, in the second	DELETE	61 TITLE			☐ Change	Addition	

14. 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 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CrTY-ST-ZiP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNA ING OFFICER PA DIRECTOR

813-977-260 \$ Dayting Prione #