FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20718

1. Corporation Name

LOT 15, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATI ON, INC.

Principal Place of Business 5511 GRANADA BLVD. SEBRING FL 33872-1550

Mailing Address

5511 GRANADA BLVD. SEBRING FL 33872-1550

FILED Jan 25, 1999 8:00am **Secretary of State**

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2. Principal Pla	one of Buei	nace		2a. Mailing Address				3. Date Incorporated or Qualifed			
-	3C 0 01 0031	11033	26	•				05/19/1987			
Suite, Apt.	t etc	<u> </u>	- 120;	Suite, Apt. #, etc.				4. FEI Number	<u> </u>	pplied For	
22]			27				59-2874675		ot Applicable	
	City & State			City & State				5. Certifcate of Status Desired	•	Additional	
23			28	8				V. Octanosis of States		tequired	
Zip	Country Zip			Zip	Country			6. Election Campaign Financing		May Be	
24		25	29		30			Trust Fund Contribution		to Fees	
	9. Name	and Address of Curren	t Regi	stered Agent				10. Name and Address of New Register	ed Agent		
						81	Name				
CANGED	SANGER, ROBERT H						82 Street Address (P.O. Box Number is Not Acceptable)				
SANGER, ROBERT IT 5511 GRANADA BLVD											
SEBRING FL 33872-1550						83					
	FL 330/2	- 1300				84	City	<u> </u>	85 Zip	Code	
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11 Pursuant	to the prov	sions of Sections 617.050	2 and (617.1508, Florida Statute	es, the a	bove	-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i	ts registered registered	
office or r	egistered a	gent, or both, in the State with, and accept the obliga	of Flori	ida. Such change was at f_Section 617 0503_Flot	uthorized rida Stati	i by 1 utes.	tne corpora	rporation submits this statement to the purpose tion's board of directors. I hereby accept the ap			
	m familiar v	vitn, and accept the obliga	auons o	1, 360001 011.0000, 110.						* 1 .	
SIGNATURE	Clarature base	ed or printed name of registered age	nt and title	if applicable. (NOTE:	: Registered	Agent	t signature requi	ired when reinstating) DATE			
12.	alginatule, type	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS			
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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 apdress, with all other like empowered.

SIGNATURE: