

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24731 (4)
1. Corporation Name
WARM MINERAL SPRINGS CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business 12125 WARM MINERAL SPRINGS DRIVE WARM MINERAL SPRINGS FL 34287	Mailing Address 12125 WARM MINERAL SPRINGS DRIVE WARM MINERAL SPRINGS FL 34287
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/08/1988	
4. FEI Number 65-0093860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



9. Name and Address of Current Registered Agent

**CURTIS, JULIUS
109 SEGOVIA COURT
WARM MINERAL SPRINGS FL 34287**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CURTIS, EVA	
STREET ADDRESS	109 SEGOVIA COURT	
CITY-ST-ZIP	WARM MINERAL SPGS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KONDUR, WALTER	
STREET ADDRESS	305 SAN LORENZO STREET	
CITY-ST-ZIP	WARM MINERAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRASK, LINCOLN	
STREET ADDRESS	12301 LORANZA AVE.	
CITY-ST-ZIP	WARM MINERAL SPGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PLATT, NANETTE	
STREET ADDRESS	11300 D'ALLYON DRIVE	
CITY-ST-ZIP	WARM MINERAL SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURTIS, JULIUS	
STREET ADDRESS	109 SEGOVIA COURT	
CITY-ST-ZIP	WARM MINERAL SPGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENRY BENKER
2.3 STREET ADDRESS	8620 TRIONFO AVE.
2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Julius Mortham* 4/13/98 (94) 426-1515

CR2E037 (10/97)