

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27840** (0)
1. Corporation Name
LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 3801 CARDENAL AVE. RUSKIN FL 33573 US	Mailing Address 3801 CARDENAL AVE. RUSKIN FL 33573 US
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3. Date Incorporated or Qualified
08/11/1988

4. FEI Number 59-2887294	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 3809 CARDENAL AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 3809 CARDENAL AVE. Suite, Apt. #, etc.
City & State 23 RUSKIN, FL. Zip Country 24 33573 25 USA	City & State 28 RUSKIN, FL. Zip Country 29 33573 30 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANELLI, DENNIS E
501 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOERCH, RL	
STREET ADDRESS	3801 CARDENAL AVE	
CITY - ST - ZIP	RUSKIN FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	KELINSCHMIDT, KEVIN	
STREET ADDRESS	3817 CARDENAL AVE	
CITY - ST - ZIP	RUSKIN FL	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	LOERCH, LORI	
STREET ADDRESS	3801 CARDENAL AVE.	
CITY - ST - ZIP	RUSKIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TEPPER, ROBERT	
1.3 STREET ADDRESS	3715 GAVIOTA DRIVE	
1.4 CITY - ST - ZIP	RUSKIN, FL. 33573	
2.1 TITLE	VSD (SHARED)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, MICHAEL	
2.3 STREET ADDRESS	3634 GAVIOTA DRIVE	
2.4 CITY - ST - ZIP	RUSKIN, FL. 33573	
3.1 TITLE	VSD (SHARED)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIMES, DONALD	
3.3 STREET ADDRESS	3809 CARDENAL AVE.	
3.4 CITY - ST - ZIP	RUSKIN, FL. 33573	
4.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RIMES, PATRICIA	
4.3 STREET ADDRESS	3809 CARDENAL AVE.	
4.4 CITY - ST - ZIP	RUSKIN, FL. 33573	
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: *[Signature]* **3/27/98 (83)634-2360**

CP2E037 (10/97)