

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90033 037 \*\*\*\*61.25

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**DOCUMENT # N27840**

1. Corporation Name

**LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

3809 CARDENAL AVE  
RUSKIN FL 33573  
US

Mailing Address

3809 CARDENAL AVE  
RUSKIN FL 33573  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/11/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2887294

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**  
**TEDDER, ROBERT**

STREET ADDRESS **3715 GAVOTA DR**

CITY-ST-ZIP **RUSKIN FL 33573**

TITLE ☐ DELETE

NAME **VSD**  
**MILLER, MICHAEL**

STREET ADDRESS **3834 GAVOTA DR**

CITY-ST-ZIP **RUSKIN FL 33573**

TITLE ☒ DELETE

NAME **VSD**  
**RIMES, DONALD**

STREET ADDRESS **3809 CARDENAL AVE**

CITY-ST-ZIP **RUSKIN FL 33573**

TITLE ☐ DELETE

NAME **SDT**  
**RIMES, PATRICIA**

STREET ADDRESS **3809 CARDENAL AVE**

CITY-ST-ZIP **RUSKIN FL 33573**

TITLE ☐ DELETE

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**RIMES, PATRICIA**

STREET ADDRESS **3809 CARDENAL AVE**

CITY-ST-ZIP **RUSKIN FL 33573**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 813-634-3570

Date

Daytime Phone #

CR2E037 (11/98)