NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999				
DOCUMENT #	N33096			



1. Corporation	MENT # N33096 CHASE PARCEL 6 COMMUN).					,
Principal Place of Business Mailing Address								
820 PALMWAY 820 PALMWAY KISSIMMEE FL US	ST	820 PALMWAY ST 820 PALMWAY ST KISSMMEE FL 34744 US						
2. Principal Pi	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed 06/30/1989			ì
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	FEI Number	1 1 1 1 1	ofied For	ļ
22		27	·		59-3023308	\$8.75 A	Applicable	i
City & State	•	City & State			Certificate of Status Desired	Fee Re		i
Zip		Zip	Country	ا. عد ـــ	S. Election Campaign Financing	\$5.00.		
24	25		0		Trust Fund Contribution	Added to	o Fees	
	9. Name and Address of Curren	t Registered Agent	and an	10	. Name and Address of New Registered	Agent		
			81 Name	VIC	Ki Diaz			
VICKI FER	rdinandsen		82 Street A	Address	P.O. Box Number is Not Acceptable)	C		ļ
WORLD C	OF HOMES			يبيا	OKUD OF ITOMIC	<u>ب</u>		l
820 PALM	IWAY ST		83	821	Palmway 2	<i>-</i>		l
V	E FL 34744		84 City	Kis	SSIMMER FL	85 398	744	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above-named o	corporati	on submits this statement for the purpose of board of directors. I hereby accept the appoint	changing its	registered Jistered	1
1 /	m familia with and accept the obligat	tions of, Section 617.0503, Florid	la Statutés.		2/4	199		
SIGNATURE	Suppliere, typed or printing ruintie of registering agen	il and title if applicable (NOTE, R	egistered Agent signature re	equired whe				8
12.		O DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			(11/98)
TITLE	PD	☐ DELETE	1.1 TILE	ļ		Change	Addition	
NAME	TIM, LINSTA D		1.2 NAME					3
STREET ADDRESS	1416 ABBERTON CT		1.3 STREET ADDRESS					Ä
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP			Change	Addition	CR2E037
TITLE	STD	□ DELETE	2.1 TTILE	1			المحسيمان	,
NAME	TOM MAHONEY		2.2 NAME					
STREET ADDRESS	1421 BRADWELL CT		2 3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZEP	VOT	<u> </u>	Change	Addition	
TITLE	VP	□ DELETE	3.1 TITLE	ALI	- Dinsky	N Comme		
NAME	BEN PINSKY		3.2 NAME 3.3 STREET ADDRESS	المروا	Eal Braxten	Dr	Î	
STREET ADDRESS	,	•		1,0%	12 5 NO F1 325	2 <i>3</i> 7	ļ	ı
CITY-ST-ZIP	ORLANDO FL	O DELETE	3.4. CITY-ST-ZIP	- 4-2	1971	- Change -	Addition	
TITLE		<u></u>	4.2 NAME	Ì				l
1			4.3 STREET ADDRESS				l	l
STREET ADDRESS			4.4 CITY-ST-ZIP					i
TITLE		☐ DELETE	5.1 TITLE		* .	Change	☐ Addition	ı
NAME			5.2 NAME		•			ĺ
STREET ADDRESS			5.3 STREET ADDRESS					ı
CITY-ST-ZIP			5.4 CITY-\$T-ZIP					iı
TITLE		☐ DELETE	6.1 TITLE			Change `	☐ Addition	
NAME			6.2 NAME				į	
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			64 CITY-ST-ZIP	L			3	
44 I banabara		the thin Cline door not qualify for the	ne evernation etated	t in Secti	on 119.07(3)(i). Florida Statutes, I further cer	urv that the ir	romation	

Indicated on this annual report or supplied with init string does not quality for the exemption stated in Section 119.07(3)(I), Florida Statutés, I harner certify that the information this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 glock 12 or Block 13 if changed, or on an appearance of the composition of the receiver or trustee empowered.