NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 17, 1999 8:00 am
Secretary of State
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DOCUMENT # **N44379**

1. Corporation Name
VARTY ROAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 VARTY RD WINTER HAVEN FL 33884	5000 VARTY RD WINTER HAVEN FL 33884

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/19/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3093549 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BUTZ, HELEN JEAN
5000 VARTY RD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	VARTY, SUE		1.2 NAME	MARK Green	
STREET ADDRESS	5025 VARTY RD		1.3 STREET ADDRESS	5080 Varty Rd	
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUTZ, HELEN		2.2 NAME		
STREET ADDRESS	5000 VARTY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	BLOUIN, DOUGLAS		3.2 NAME	Warren Greene	
STREET ADDRESS	5051 VARTY ROAD		3.3 STREET ADDRESS	5066 Varty Rd	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	VPD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURKHART, DAWN		4. 2 NAME		
STREET ADDRESS	FLA SHERIFFS YOUTH VILLA		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33831		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/15/99 9413181614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #