FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N44772

(4)

Principal Place of Business Mailing Address									}				
2710 PEBBLE CREEK PLACE P.O. BOX 511255 PORT CHARLOTTE FL 33948 PUNTA GORDA FL 33951-020						16			3.	Date Incorporated or Qualified			
US						•			_	08/21/1991			
										FEI Number			oplied For
2. Principal Place of Business 2e. Mailing Address									-	65-0611992			ot Applicable
21 26									5.	Certificate of Status Desired			Additional equired
Suite, Apt. #, etc.				Suite, Apt. #, etc.				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
City & State City & State									7. Is this nonprofit corporation a homeowners association?				
23 28									☐ Yes ☐ No				
Zip	Ļ	Country		Zip			Country			This corporation owes or has paid	_		
24	9. Name and Address of Current						30			Personal Property Tax due June 30. Yes X No			
 	y, Name an	a Aparess of Current	negistere	a Agent		81	I N	ame	10.	Name and Address of New Regi	51019 <i>0 A</i>	:Seur	
WILLIAMS, DONALD CPA						62	Ľ		ss (P	P.O. Box Number is Not Acceptable			
3005 CARING WAY PORT CHARLOTTE FL 33952						83			Address (F.O. DOX Mullippins Not Acceptable)				
FUNIO	MANILOTTE FI	L 33832											
						84	l -	•	FL 85 Zip Code				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Fiorida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.							e-na y the s.	med corpo corporation	ration on's b	n submits this statement for the pur coard of directors. I hereby accept	pose of the appo	changing it sintment as	s registered registered
SIGNATURE .	winted name of registered agent			gnature required	1 when	reinstation	DATE						
12. OFFICERS AND DIRECTORS					_	13.		a construction		ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12
TITLE	PD		DELETE			1.1 TITLE						Change	Addition
NAME	SUTTON, V	WELLINTON J		1.24			1.2 NAME						
STREET ADDRESS	DORESS 28100 N JONES LOOP RD			1.3 \$			1.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	ZIP PUNTA GORDA FL						1.4 CITY-ST-ZIP				_		
TITLE	VPD .			DELE TE			2.1 TITLE					Change	Addition
NAME	Sutton, \						2.2 NAME						
STREET ADDRESS				235			2.3 STREET ADDRESS						
CITY-ST-ZIP	PUNTA GO	ORDA FL					2. 4 CITY-ST-ZIP						
TITLE	D			☐ DELETE	3	3.1 TITLE						Change	Addition
NAME	MUNGOVAN, ROBERT				3.2 NAME								
STREET ADDRESS	2470 PEBBLE CREEK PLACE				- 4	3.3 STREET ADDRESS							
CITY-ST-ZIP		RLOTTE FL 33948		DELETE		3.4. CITY - S	ST-ZI	<u> </u>		<u></u>		- Observe	1 4 4 4 11 1 2 2
TITLE	ST	— -				4.1 TITLE 4.2 NAME						∟ Cha∩ge	Addition
NAME	SUTTON, FRANKLIN L DRESS 113 CIMARRON RD			· ·									
STREET ADDRESS	CLARKSBU					1.3 STREET							
CITY-ST-ZIP TITLE	T	nu iir		DELETE		.4 CITY-S	>1 - Z#	 		<u></u>		Change	Addition
NAME	1				5.1 III E			j			1	vidingo	
STREET ADDRESS 275 RIDGEWAY DRIVE								oree					
CITY-ST-ZIP BRIDGEPORT WV					5.3 STREET ADDRESS 5.4 City-St-Zip)					
TITLE	PLEDOTI O	717 77 7		DELETE		3.4 CHT-8 3.1 TITLE	>1 - E(f					Change	Addition
NAME					- 1	2 NAME		1			,		
STREET ADDRESS						A STREET	. AUDI	REGG					

1. 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 cath; 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.

GIANATURE.

CITY-ST-ZIP

4/12/9

941-639-740

FILED

Apr 27 1998 8:00am

Secretary of State