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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49727** (3)

1. Corporation Name

THREE RIVERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**31113 PRAIRIE CREEK DRIVE
PUNTA GORDA FL 33982
US**

**31113 PRAIRIE CREEK DRIVE
PUNTA GORDA FL 33982
US**



3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

65-0347110

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **29340 PINE VILLA CIRCLE**

22 City & State

27 Suite, Apt. #, etc.
28 **PUNTA GORDA, FL**

23 Zip Country

29 **33982** **30** **USA**

5. Certificate of Status Desired ☐

\$6.75 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

**FARR, LELAND
PEEPLER APPRAISAL SERVICES INC.
301 WEST MARION AVE.
PUNTA GORDA FL 33950**

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 **DP** ☒ DELETE
NAME **HUFFMAN, SAM HOUSTON**
STREET ADDRESS **33431 WASHINGTON LOOP RD**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **PRICE, DAVID E.**
1.3 STREET ADDRESS **3123 DAVID ST**
1.4 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **DS** ☐ DELETE
NAME **GONTIS, JAMES J.**
STREET ADDRESS **31031 PRAIRIE CREEK DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **WINN, MARTIN**
2.3 STREET ADDRESS **81049 PRAIRIE CREEK DR**
2.4 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **DVT** ☒ DELETE
NAME **BLAUM, EDWARD B.**
STREET ADDRESS **31113 PRAIRIE CREEK DR.**
CITY-ST-ZIP **PUNTA GORDA FL**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **WINN, CARVL**
3.3 STREET ADDRESS **31049 PRAIRIE CREEK DR**
3.4 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

E. A. Minkin

TREASURER

1-13-98 941-637-8900

CR2E037 (10/97)