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
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90148 016 ****61.25

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DOCUMENT # **N49727**

1. Corporation Name

THREE RIVERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

431335 - 90148 - 16

Principal Place of Business	Mailing Address
31113 PRAIRIE CREEK DRIVE PUNTA GORDA FL 33982 US	29340 PINE VILLA CIR PUNTA GORDA FL 33982 US

2. Principal Place of Business 21 29340 PINE VILLA CIR	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/01/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0347110 ☐ Applied For ☐ Not Applicable
City & State 23 PUNTA GORDA, FL	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33982 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, DAVID E		1.2 NAME		
STREET ADDRESS	3123 DAVID ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GONTIS, JAMES J.		2.2 NAME		
STREET ADDRESS	31031 PRAIRIE CREEK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WINN, CARYL		3.2 NAME		
STREET ADDRESS	31049 PRAIRIE CREEK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WINN, MARTIN		4.2 NAME		
STREET ADDRESS	31049 PRAIRIE CREEK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		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 C.A. WINN TREASURER 2-6-99 941-637-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #