

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

DOCUMENT # N49727

1. Corporation Name

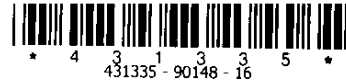
THREE RIVERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

31113 PRAIRIE CREEK DRIVE
PUNTA GORDA FL 33982
US

Mailing Address

29340 PINE VILLA CIR
PUNTA GORDA FL 33982
US



2. Principal Place of Business

21 29340 PINE VILLA CIR

Suite, Apt. #, etc.

22

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

23 PUNTA GORDA, FL

Zip

24 33982

Country

25 USA

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

65-0347110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FARR, IELAND
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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
PRICE, DAVID E
STREET ADDRESS 3123 DAVID ST
CITY-STATE-ZIP PUNTA GORDA FL 33982

TITLE ☐ DELETE

NAME DS
GONTIS, JAMES J.
STREET ADDRESS 31031 PRAIRIE CREEK DRIVE
CITY-STATE-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME T
WINN, CARYL
STREET ADDRESS 31049 PRAIRIE CREEK DR
CITY-STATE-ZIP PUNTA GORDA FL 33982

TITLE ☐ DELETE

NAME DV
WINN, MARTIN
STREET ADDRESS 31049 PRAIRIE CREEK DR
CITY-STATE-ZIP PUNTA GORDA FL 33982

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
TREASURER
C.A. WINN

2-6-99 941-637-8900
Date Daytime Phone #

CR2E037 (11/98)

0062362