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 # N9300000380 (6)

FILED Feb 17 1998 8:00am Secretary of State

	YBHOUR HOMEOWNERS A			
Principal Place	e of Business	Mailing Address		
824 & FLETCHER AV E T ampa FL 336 12 US		024 E FLETCHER AVE T ampa fl 33612 -U S		3. Date Incorporated or Qualified 01/28/1993
40 -		700		4. FEI Number Applied For
				59-3180199 Not Applica
	ace of Business	2a. Mailing Address 26 7001 Temple J	Errace Hoabin	5. Certificate of Status Desired S8.75 Additional Fee Required
11 7001 Temple Terrece Highway 28 7001 Temp Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
2		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
	e Terrice FL	28 Temple Jella		X Yes ☐ No
Zip 3363	Country 25 Hillstore 12h	Zip 29 3 3 6 3 7 3	Country	8. This corporation owes or has paid the current year intangible
356	9. Name and Address of Curren		ورمهم عورا الا0	Personal Property Tax due June 30.
	e, Maine and Address of Culter	r vedisteren våerr	81 Name	
700HAIL	_###C		S	tover H. Mezer, P.A.
ZSCHAU, UULIUS J 28050 US HIGMWAY 19 N			82 Street A	ddress (P.O. Box Number is Not Acceptable)
SUITE 501- CLEARWATER FL 34621			- Sc	ite (S
OULANN,	AILM I E STOE!	//	84 City @]	17c B FL 85 Zip Code 35756
11. Pursuant	o the provisions of Sections 617.050	2 and 61V 1508 Florida Statutes	1 1	
office or re	egistered agent, or both, in the State	of Florida Such change was au	thorized by the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered
	in rammar with, and accept the being	alloris of Jackson Principles		EVEN H. MEER Res. 1/13/98
SIGNATURE .	Signature, typed or printed name of registered ago	on and the if applicable (NOTE	Registered Agent signature in	equired when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	THE UX	1.1 TITLE	D/T Change X Addit
NAME	OPALINSKI, FRANK		1.2 NAME	Emmerman, Randy 10108 Vista Point Dr
STREET ADDRESS	10219 LOCKWOOD PINES LA	NE	1.3 STREET ADDRESS	10108 Vista Pointe Dr
CITY-ST-ZIP	TAMPA FL			Tompo FL 33636
TITLE	TD	₩ DELETE	2.1 TITLE	D) S Change X Addi
NAME	ARTINO, KAREN		2.2 NAME	Williams, Edward
STREET ADDRESS	10012 VISTA POINTE DRIVE		2.3 STREET ADDRESS	10118 Vista Pointe D- Tamer FL 33635
CITY-ST-ZIP	TAMPA FL	No per exe		
TITLE	SD	™ DELETE	3.1 TITLE	☐ Change 💹 Addii
NAME	HARDY, CHRISTINE		3.2 NAME	
STREET ADDRESS	8708 EAGLE COVE COURT TAMPA FL		3.3 STREET ADDRESS	
CITY - ST - ZIP	IAMPA PL	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addii
TITLE			4.1 TITLE 4. 2 NAME	Ci cuanda Ci vuoli
NAME CTOCET ADDRECC			4. 2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS				•
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addii
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addi
NAME		_	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ertify that the information supplied w	ith this filing does not qualify for		in Section 119.07(3)(i), Florida Statutes. I further certify that the informati

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119-07(5)(i), notice statutes. Further certify that it indicated on this annual report or suppliemental 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:

1-29-98

813-980-1000