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

N93000001193 (2) DOCUMENT

V.E.W. POST 6370 INC

FILED Feb 03 1998 8:00am Secretary of State

	1 CO1 0070, INC.	Marilina Address		
Principal Plac	e of Business	Mailing Address		
P.O. BOX 1984 MARCO ISLAN		P.O. BOX 1984 MARCO ISLAND FL 34146		3. Date Incorporated or Qualified 03/05/1993
				4. FEI Number Applied For
				65-0266263 Not Applicable
21	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	ė	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Currer		0	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	g, Name and Address of Currer	it negistered Agent	81 Name	IV. Name and Address of New Registered Agent
OCTOOL	A CHOCKE W			
OSTROM, EUGENE W. 1049 COTTONWOOD CT			82 Street Add	dress (P.O. Box Number is Not Acceptable)
MARCO ISLAND FL 34145			83	
MANGO	IOLAND FE 34 143			
			84 City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.050 ea stered agent, or both, in the State	2 and 617.1508, Florida Statutes of Florida. Such change was au	, the above-named cor thorized by the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flori	da Statutes.	
SIGNATURE .	Signature, typed or printed name of registered age	OLOTE I	Registered Agent signature requ	ulred when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	DELETE DELETE	1.1 TITLE	Change Addition
NAME	KEMNITZER, ED	<u> </u>	1.2 NAME	
STREET ADDRESS	230 LIME KEY LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4.000V CT 710	
TITLE	Ť	°XÍ DELETE	2.1 TITLE	Addition
NAME	MULBACK, CLIFF		2.2 NAME	SKRZINSKI MICHAEL
STREET ADDRESS	490 PHEASANT CT		2.3 STREET ADDRESS	743 BAHAMA AVE
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY-ST-ZIP	SKRZYNSKI MICHAEL Change Addition 1743 BAHAMA AVE MARCO 15-FL 341-AS
TITLE	T	☐ DELETE	3.1 TITLE	Change Addition
NAME	JOHNSON, WES		3.2 NAME	
STREET ADDRESS	837 BUTTONWOOD CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	100 100 100 100 100 100 100 100 100 100	☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	

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 of 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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS