FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # 1. Corporation Name N94000001118 (8)

BRAVO COMMUNITY SERVICE OF OSCEOLA, INC.

FILED Mar 26 1998 8:00am Secretary of State

Principal Plac	ca of Business	Mailing Address			
Principal Place of Business 501 FLORIDA PKWY. BUENAVENTURA LAKES SUBDIVISION KISSIMMEE FL 34743		P. O. BOX 430591 KISSIMMEE FL 34743 US		3. Date Incorporated or Qualified 03/03/1994 4. FEI Number Applied For	
⊢	Place of Business	2a. Mailing Address		59-3230819 5. Certificate of Status Desired □ \$	Not Applicable 8.75 Additional
Suite, Apt	W. elc.	Suite, Apt. #, etc.		D. Stantia Consolus Standard	Fee Required
22		27			55.00 May Be Added to Fees
_ `		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28	0-11-11-1	☐ Yes X N	
24]	25 Country	Z ір 29	Country 30	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
	9. Name and Address of Currer		30]	10. Name and Address of New Registered Age	
			81 Name		
TORO,	DOMINGO		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
2679 FOREST VIEW LANE				adioso (1.0. box rioribal is rior roceptable)	
KISSIMMEE FL 34744			63		
			B4 City	FL B	5 Zip Code
11. Pursuant	to the provisions of Sections 617.050	32 and 617.1508, Floride Statute	s, the above-named c	orporation submits this statement for the purpose of cha	Inging its registered
office or a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a ations of Section 617,0503. Flo	uthorized by the corporida Statutes	orporation submits this statement for the purpose of cha oration's board of directors. I hereby accept the appointr	nent as registered
SIGNATURE	and a decopy, the oblig		mod blatalos.		
	Signature, typed or printed name of registered age		Registered Agent signature re		
12.	r	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE	D TODO DOLMINO	X DELETE	1.1 TITLE		Change
NAME CYDEET ADDOLES	TORO, DOMINGO 2679 FOREST VIEW LANE		1.2 NAME		
STREET ADDRESS	l		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	KISSIMMEE FL.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change
NAME	COLON, GERMAN		2.1 TITLE 2.2 NAME	L	Cuange T Voortroit
STREET ADDRESS	259 E. CEDARWOOD CIR.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL				
TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change
NAME	VALENTIN, LUPERCIO		3.2 NAME	<u> </u>	Change Recition
STREET ADDRESS	230 CORAL REEF CR		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4. City-St-Zip		
TITLE	D	DELETE	4.1 TITLE	П	Change Addition
NAME	RAMIREZ, ARMANDO		4.2 NAME	_	
STREET ADDRESS	1502 JASON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP		
TITLE	TD	DELETE	5.1 TITLE		Change
NAME	SALLY HERRERA		5.2 NAME	_	- —
STREET ADDRESS	4185 QUAILWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		5.4 CITY-ST-ZIP		
TITLE	SD	DELETE		29	Change
NAME	BISCAINO, AIDA		6.2 NAME	MIRIAM ARRAVA	
STREET ADDRESS	131 JALAPA DR		6.3 STREET ADDRESS	MIRIAM ARROYO 212 OLIVEWOOD COURT	
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY - ST - ZIP	KISSIMMER FL. 34743	

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.

3-19-98