


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004354 (6)**  
1. Corporation Name  
**NATURA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>33920 US HIGHWAY 19 SUITE 390 PALM HARBOR FL 34684</b>	Mailing Address <b>33920 US HIGHWAY 19 SUITE 390 PALM HARBOR FL 34684</b>
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3. Date Incorporated or Qualified <b>09/06/1994</b>	
4. FEI Number <b>59-3274144</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>1700 McMullen Booth Rd</b> Suite, Apt. #, etc. 22 <b>Suite C-3</b> City & State 23 <b>Clearwater FL</b> Zip 24 <b>33759</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1700 McMullen Booth Rd</b> Suite, Apt. #, etc. 27 <b>Suite C-3</b> City & State 28 <b>Clearwater FL</b> Zip 29 <b>33759</b> Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GENDEBIEN, JEAN F  
7427 MEAD DRIVE  
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name <b>LENNARD A. LEIGHTON</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1700 MCMULLEN BOOTH RD</b>	
83 <b>SUITE C-3</b>	
84 City <b>CLEARWATER</b>	85 Zip Code <b>FL 33759</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *LENNARD A. LEIGHTON* **LENNARD A. LEIGHTON** 4/16/98  
Signature used 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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUTENBERG, MARC</b>		1.2 NAME	
STREET ADDRESS <b>33920 US 19, SUITE 390</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALSH, CYNTHIA</b>		2.2 NAME	
STREET ADDRESS <b>33920 US 19, SUITE 390</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GENDEBIEN, JEAN</b>		3.2 NAME	
STREET ADDRESS <b>7427 MEAD DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SPRING HILL FL 34606</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MARC RUTENBERG* **MARC RUTENBERG** 4/19/98 813-786-9119

CR2E037 (10/97)