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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004354 (6)

1. Corporation Name

NATURA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2891 GREY OAKS BLVD
TARON SPRINGS, FL 34689

Mailing Address

SAME



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/06/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3274144	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name JEAN GENDEBIEN			
				82 Street Address (P.O. Box Number is Not Acceptable) 2891 GREY OAKS BLVD			
				83			
				84 City TARPON SPRINGS		85 Zip Code FL 34689	

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: JEAN GENDEBIEN DATE: 4/6/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARC RUTENBERG			1.2 NAME	FRYE, MARC		
STREET ADDRESS	2891 GREY OAKS BLVD			1.3 STREET ADDRESS	2891 GREY OAKS BLVD		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN GENDEBIEN			2.2 NAME			
STREET ADDRESS	2891 GREY OAKS BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CYNTHIA WALSH			3.2 NAME			
STREET ADDRESS	2891 GREY OAKS BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			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, with all other like empowered.

SIGNATURE: JEAN GENDEBIEN DATE: 4/6/99