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 OCHMENT #

1. Corporation Name (9)					
DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.					
			•	T KARAMER AND ARMER BUILD BONN BANK BOUR BRID	A BANK BIANA BEKAN BIBN BANK ARA
Dringing Diag	a of Business	Mailling Address			
Principal Plac	e of Business	Mailing Address			,
349 N. GARLAND AVENUE 74 N. GARLAND AVENUE SUITE 104				3. Date Incorporated or Qualified	
ORLANDO FL S	12801	ORLANDO EL 32801		08/01/1996	
				4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address	~	59-3427943	\$8.75 Additional
21403	D BIJON Driv		on Dev	5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc. ()	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	0 1 .	Gity & State		Trust Fund Contribution	Added to Fees
230100	1900 - Iorida	28 Urlando, 1	Florida	7. Is this nonprofit corporation a homeow Yes	□ No
1755	S 25 Ora rac	$\frac{Z_p}{20}$	a Comiya Ma	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
1	•		81 Name	malia (Sondon) Pro	50. Unmt
			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	7
-749 N. GARLAND AVENUE					
ORLANDO PL 32801:			HU	DIVIO DYNO)
OnLand	1 1 3290 T	Λ	84 City	clando F	L 85 30000
11. Pursuant to the provisions of Sections 617.0507 and 617.1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 617.0507 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or truth, in the State of Popular Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I ampliantly and accept the obligations of Section 617.0503, Florida Statutes/					
SIGNATURE	/ Mulling	Much -a	Sul Ka	ril	
12.		nd and file it applicable (NOTE) D DIRECTORS	Spistered Agent signature req	ulred when wisslating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	HALLAUER, DAN R		1.2 NAME		
STREET ADDRESS	749 N. GARLAND AVE., STE.	104	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADDRESS	HARRISON, RAYMOND D 749 N. GARLAND AVE., STE.	104	22 NAME		
CITY-ST-ZIP	ORLANDO FL	104	2.3 STREET ADDRESS 2. 4 City-St-Zip		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	HOLCOMB, A K JR		3.2 NAME		
STREET ADDRESS	749 N. GARLAND AVE., STE.	104	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	[] prietr	3.4. CITY-ST-ZIP		D Observe D Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		l	4. 2 NAME 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		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

City-St-ZiP

14. Thereby 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 eath; 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

407.422.4467

Apr 22 1998 8:00am

Secretary of State