


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000005978 (8)
1. Corporation Name
THE FLORIDA HOMEOWNERS LOBBY INCORPORATED



| | |
|--|--|
| Principal Place of Business 6224 YELLOWSTONE DRIVE PORT ORANGE FL 32127-6755 | Mailing Address 6224 YELLOWSTONE DRIVE PORT ORANGE FL 32127-6755 |
|--|--|

3. Date Incorporated or Qualified
10/23/1997

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-3477242 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|--|--|
| 2. Principal Place of Business 22 102-316 Suite, Apt. #, etc. | 2a. Mailing Address 26 1648 Taylor Rd Suite, Apt. #, etc. |
| 23 GAIPSVILLE, FL City & State | 27 #385 City & State |
| 24 32606 Zip | 28 DAYTONA BEACH, FL City & State |
| 25 USA Country | 29 32124 Zip |
| | 30 USA Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
NON-MANDATORY HOMEOWNERS ASSOCIATION Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

JONES, ERNA E
6224 YELLOWSTONE DRIVE
PORT ORANGE FL 32127-6755

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| | 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | President / Director <input type="checkbox"/> DELETE |
| NAME | ERNA E. JONES |
| STREET ADDRESS | 6224 Yellowstone Dr |
| CITY-ST-ZIP | PORT ORANGE, FL 32127-6755 |
| TITLE | Vice President / Director <input type="checkbox"/> DELETE |
| NAME | MARK T. JONES |
| STREET ADDRESS | 380 Military Blvd |
| CITY-ST-ZIP | ORLANDO BEACH, FL 32174-6616 |
| TITLE | Secretary / Treasurer / Director <input type="checkbox"/> DELETE |
| NAME | THOMAS D. JONES |
| STREET ADDRESS | 6224 Yellowstone Dr |
| CITY-ST-ZIP | PORT ORANGE, FL 32127-6755 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ERNA E. JONES |
| 1.3 STREET ADDRESS | 6224 Yellowstone Dr |
| 1.4 CITY-ST-ZIP | PORT ORANGE, FL 32127-6755 |
| 2.1 TITLE | Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | STEVEN GUARDIANO, ESQ. |
| 2.3 STREET ADDRESS | 6221 Yosemite Drive |
| 2.4 CITY-ST-ZIP | PORT ORANGE, FL 32127-6758 |
| 3.1 TITLE | Secretary / Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MARK T. JONES |
| 3.3 STREET ADDRESS | 380 Military Blvd |
| 3.4 CITY-ST-ZIP | ORLANDO BEACH, FL 32174-6616 |
| 4.1 TITLE | Incorporator / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | THOMAS D. JONES |
| 4.3 STREET ADDRESS | 6224 Yellowstone Dr |
| 4.4 CITY-ST-ZIP | PORT ORANGE, FL 32127-6755 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: **Thomas D. Jones** **REQUIRED** January 18, 1998 904-760-3665

CR2E037 (10/97)