

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25056 (5)

1. Corporation Name

LOVELAND MASTER ASSOCIATION, INC.



Principal Place of Business

3300 LOVELAND BLVD.
PORT CHARLOTTE FL 33980

Mailing Address

3300 LOVELAND BLVD.
PORT CHARLOTTE FL 33980

3. Date Incorporated or Qualified
02/26/1988

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

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26

4. FEI Number
65-0208828

Applied For
Not Applicable

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

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28

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

24

25

Country

29

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Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEILA JERROM
3300 LOVELAND BLVD
PORT CHARLOTTE FL 33980

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

Sheila Jerrom

SHEILA JERROM

PRESIDENT

4-20-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SHEILA JERROM
STREET ADDRESS 3300 LOVELAND BLVD #1501
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME SAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME BARBARA SCHUSTER
STREET ADDRESS 33310 LOVELAND BLVD #1007
CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME SAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME THERESA DONLE
STREET ADDRESS 3300 LOVELAND BLVD #1304
CITY-ST-ZIP PORT CHARLOTTE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME CHARLES HOGAN
STREET ADDRESS 3310 LOVELAND BLVD #104
CITY-ST-ZIP PORT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME SAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sheila Jerrom

SHEILA JERROM

PRESIDENT

4-20-96

941.743.9562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)