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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 755753 (1)

1. Corporation Name

SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA FL 33922	HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA FL 33922-0339

3. Date Incorporated or Qualified: 12/31/1980
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-2337724 — ☐ Applied For ☒ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

BOLDUC, THERESE
7728 FARRELL RD
BOKEELIA FL 33922-8912

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 _____ DATE
Signature, typed 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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUNN, BETTY		1.2 NAME		
STREET ADDRESS	HELEN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOYLE, BERNARD		2.2 NAME		
STREET ADDRESS	CARPENTER RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOLDUC, ROGER J		3.2 NAME		
STREET ADDRESS	7728 FARRELL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLDUC, THERESE L		4.2 NAME		
STREET ADDRESS	7728 FARRELL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEITELSCHIES, JEAN		5.2 NAME		
STREET ADDRESS	7602 HELEN ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHALT, JOHANNES		6.2 NAME		
STREET ADDRESS	15282 BUZZARD CUT ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.