FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

CATTLEMAN'S CROSSING HOMEOWNERS' ASSOCIATION, IN

4800 MILE STRETCH HOLIDAY FL 34690

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Principal Place of Business

2. Principal Place of Business

FREDERICK REIMER

SIGNATURE:

Suite, Apt. #, etc.

City & State

Mailing Address

4800 MILE STRETCH HOLIDAY FL 34690-4358

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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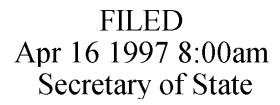
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Country

9. Name and Address of Current Registered Agent

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Yes

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

10. Name and Address of New Registered Agent

3a. Date of Last Report 07/25/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Date Incorporated or Qualified 10/02/1989

59-3020067

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

82 Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

4800 MILE STRETCH DR			83	
HOLIDAY FL 34690			••	
			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 Signature, typed or printed name of registered agent and intell applicable (NOTE: Registered Agent signature required when relinstating) DATE				
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD Change Addition
NAME	DEEB, ALEX R		1.2 NAME	Harold Edwards
STREET ADDRESS	8824 EASTHAVEN CT		1.3 STREET ADDRESS	5611 Hereford Drive
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE	ST	DELETE	2.1 TITLE	Change Addition
NAME	NORTON, DAVID	**	2.2 NAME	•
STREET ADDRESS	6709 RIDGE RD.		2.3 STREET ADDRESS	The Market to
C(TY-ST-ZIP	PT. RICHEY FL 34668		2.4 CITY-ST-ZIP	SD KJ Change Addition
TITLE	D	DELETE	3.1 TITLE	SD XI Change Addition
NAME	SILVA, SUE		3.2 NAME	Anthony Mayotte
STREET ADDRESS	6709 RIDGE RD.		3.3 STREET ADDRESS	5530 Hereford Drive
CITY - ST - ZIP	PT. RICHEY FL 34668		3.4. CITY - ST - ZIP	New Port Richey FL 34655
THE	D	DELETE	4.1 YITLE	TD Change Addition
NAME	FLEMEN, GEORGE		4. 2 NAME	Elizabeth Bradley
STREET ADDRESS	6709 RIDGE RD.		4.3 STREET ADDRESS	5640 Wellfield Road
CITY-ST-ZIP	PT. RICHEY FL 34668		4.4 CITY - ST - ZIP	New Port Richey FL 34655
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	Robert Costello
STREET ADDRESS			5.3 STREET ADDRESS	5632 Hereford Drive
CITY - ST - ZIP			5.4 CITY - ST - ZIP	New Port Richev FL 34655
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CHTY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supply model annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that				
I am an officer or director of the conforation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name				
14. I do hereby certify that the information supplied with this filing does not qualify for the examption 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 conforation or the receiver of truetie empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if Ananged, or an an attachment with an address.				

Country

Name

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