


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005262 (0)
 1. Corporation Name
THE LOVELANDERS, INC.



Principal Place of Business 4002 S TAMiami TR VENICE FL 34293	Mailing Address 4002 S TAMiami TR VENICE FL 34293
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3. Date Incorporated or Qualified 10/25/1994	
4. FEI Number 65-0551561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent ROBERTS, GREGORY C 341 W VENICE AVE VENICE FL 34285	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MAHONEY, JACK 369 REDWOOD ROAD VENICE FL 3429-3	<input checked="" type="checkbox"/> DELETE	
TITLE VPD	MEANEY, MARY 9 DOMINICA DR. ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD MEANEY, MARY 9 DOMINICA DR. Englewood, FL
TITLE TD	MACKAY, JOYCE 604 PAGET DR. VENICE FL	<input type="checkbox"/> DELETE	2.1 TITLE VPD GLENN ZELLER 403 WELLINGTON COURT Venice, FL
TITLE RS	ZELLER ETHEL 403 WELLINGTON COURT VENICE FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CS	BLAKE, LOIS 336 OAKWOOD CIR. ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE	5.1 TITLE CS SHIRLEY ANDERSON 326 JACARANDA CIRCLE Venice, FL. 34292
TITLE <input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE PD MEANEY, MARY 9 DOMINICA DR. Englewood, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE VPD GLENN ZELLER 403 WELLINGTON COURT Venice, FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE CS SHIRLEY ANDERSON 326 JACARANDA CIRCLE Venice, FL. 34292	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra B. Mortham* 1/14/98 941-497-7967

CR2E037 (10/97)