FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

	VIEN # NUO92 IS BAY TOWNHOMES ASSI	V - 7		
Principal Place	of Business	Mailing Address		E AMBELLOS OLI ARLIA MALIA INDIA MOL DIDILI DINNI DINII DINIII DINII DIN
5400-16 WATER OAK LN 5400-16 WATER OAK LANE				3. Date Incorporated or Qualified
JACKSONVILLE FL 32210 JACKSONVILLE FL 3221				12/31/1984
US		US		4. FEI Number Applied For
				59-2599157 Not Applicable
21	ace of Business	2a. Mailing Address 28		Certificate of Status Desired Section Section Section Sectio
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes ☐ No
Žip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Curren		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			81 Name	7
GAILLAR	GAILLARD, JOHN F.			ress (P.O. Box Number is Not Acceptable)
SUITE 1			82 Street Adde	ress (F.O. Box Number is Not Acceptable)
5411 OR	itega blvd.		83	
JACKSO	NVILLE FL 32210		84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050.	2 and 617.1508, Florida Statute	s, the above-named corp	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617,0503, Flo	uthorized by the corporat rida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE _				
	Signature, typed or printed name of registered age		Registered Agent signature requi	
12.	OFFICERS ANI	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	CORBO, EDWARD A	C. OCCCIC	1.2 NAME	C Orango C Aconomi
STREET ADDRESS	4521 5 SUSSEX AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 City-ST-ZIP	
TITLE	VGM	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, ROLAND S		2.2 NAME	
STREET ADDRESS	4521 4 SUSSEX AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	<u> </u>
TITLE	SD	☐ DELETE	3.1 TITLE	Change Addition
NAME	KINNER, MANUELA		3.2 NAME	
STREET ADDRESS	5400-301 WATER OAK LANE JACKSONVILLE FL		3.3 STREET ADDRESS	
CITY-ST-21P TITLE	PD PD	DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME	WELLINGTON, C WILLIAM	to de la constantina della con	4.2 NAME	— comit- — Manager
STREET ADDRESS	5400-104 WATER OAK LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5,3 STREET ADDRESS	
CITY-ST-ZWP		T Actions	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME .			6.2 NAME	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADORESS	
14. I héreby c	ertify that the information supplied w	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the Information
indicated officer or o Block 12 o	on this annual report or supplementa director of the componing or the rece or Block 13 if charged, by og an attac	I annual report is true and accu- liver or trustee empowered to e chapter with an address.	arate and that my signatu execute this report as requ	Section 119.07(3)(i), Florida Statutes. I further certify that the Information re shall have the same legal effect as if made under oath; that I am an uired by Chapter 617. Florida Statutes; and that my name appears in

FILED

Apr 27 1998 8:00am

Secretary of State