## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary ★/ State \* DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

(1)

## **FILED** Jun 25 1998 8:00am Secretary of State

1200 P	AMN AVEN	IUE ASSUCIAT	IUN, INC										
Principal Place	e <b>of B</b> usiness		Mai	Mailing Address								FOLL DIGHT FOOL	
22051 N. O'BRII HOWEY IN THE		37		P.O. BOX 1683 ORLANDO FL 32802					3. Date Incorporated or Qualified 11/28/1973				
									4. FEI Number 59-3316878		<del></del>	pplied For lot Applicable	
2. Principal Pi	ace of Busine	988	2a.	2a. Mailing Address					5. Certificate of Status De	sired $\square$	<del></del>	Additional	
21			26						o. Certificate of Status Dec		Fee F	lequired	
Suite, Apt.	#, <b>e</b> tc.		⊢	Suite, Apt. #, etc.					6. Election Campaign Fina	incing	\$5.00		
City & State			27	City & State					Trust Fund Contribution		Added t		
23	•		<u></u>	28				İ	7. Is this nonprofit corporation a homeowners association?  Yes No				
Zip Country							Country		8. This corporation owes o	r has paid the c	urrent year Ir	ntangible	
24	24 25			29 30					Personal Property Tax of	lue June 30	☐ Yes [	□ No	
	9. Name a	ind Address of Cur	rent Registe	red Agent				1	0. Name and Address of	New Registere	d Agent		
						81	Name						
BRADSHAW, CHARLES E. JR. 22051 N. O'BRIEN ROAD						82 Street Addre			(P.O. Box Number is Not A	Acceptable)			
HOWEY IN THE HILLS FL 34737						83							
						84	City	<del></del>		F	e5 Zip	Code	
11. Pursuant office or reagent. I as	to <b>the</b> provisio egistered age m familiar with	ons of Sections 617.0 int, or both, in the St o, and accept the ob	0502 and 61 ate of Florida oligations of,	580000 b 17.0503, r	iorida sta	tutes	•		tion submits this statement is board of directors. I here		of changing opointment a	its registered s registered	
	Signature typed o	r printed name of registered		· · · · · · · · · · · · · · · · · · ·		d Age	evutangia tn	required w	hen reinstating)	DATE	ID DIDECTO	DC (N. 40	
12.	66	OFFICERS.	AND DIREC	DELETE	13.	171 E		T	ADDITIONS/CHANGES T	O OFFICERS AF	Change	Addition	
TITLE NAME	PD PDADOU/	W, CHARLES E.	ID										
STREET ADDRESS		O'BRIEN ROAD	JN.				1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP		N THE HILLS FL :	34737			ITY-S							
TITLE	D	☐ DELETE	211						Change	Addition			
NAME	SHAW, J	ACK			2.2 N	AME							
STREET ADDRESS	ARREST AL ALBERTAL MACE					23 STREET ADDRESS							
CITY-ST-ZIP	HOWEY I	N THE HILLS FL :	34737		2 4 (	CITY-S	T-ZIP				-	<b>—</b>	
TITLE	D			XXDETELE	3.1 T						Change	Addition Addition	
NAME	TIMPNER	·			3.2 N								
STREET ADDRESS		O'BRIEN ROAD	1707				ADDRESS						
CITY-ST-ZIP	HUWEY	N THE HILLS FL	34/3/	DELETE	3.4. 0 4.1 T	CITY-S	IT-ZIP				Change	xx Addition	
TITLE						HLE NAME			ector		change	AAA Madada	
NAME Street address							ADDRESS	1836	ri H. Vernon American Beaut	y Street			
***************************************						ITY S			indo, FL 32810	-			
CITY-ST-ZIP TITLE				DELETE	5.1 T		1-6IF	ļ.—	-		Change	Addition	
NAME					5.2 N						·		
STREET ADDRESS					5.3 S	TREET	ADDRESS						

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.

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

Change

Addition