

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90059 011 ****61.25

DOCUMENT # 755753

1. Corporation Name

SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

HOME OWNERS ASSO. INC.
P.O. BOX 339
BOKEELIA FL 33922

Mailing Address

HOME OWNERS ASSO. INC.
P.O. BOX 339
BOKEELIA FL 33922



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1980

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

9. Name and Address of Current Registered Agent

BOLDUC, THERESE
7728 FARRELL RD
BOKEELIA FL 33922-8912

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 *Therese P. Bolduc*
Signature, typed or printed name of registered agent and title if applicable.

Treasurer
(NOTE: Registered Agent signature required when reinstating)

3-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **BUNN, BETTY**
CITY-ST-ZIP **HELEN RD**
BOKEELIA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DOYLE, BERNARD**
CITY-ST-ZIP **CARPENTER RD**
BOKEELIA FL

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **ECKER, LOUIS**
CITY-ST-ZIP **7711 FARRELL RD**
BOKEELIA FL 33922

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BOLDUC, THERESE L**
CITY-ST-ZIP **7728 FARRELL ROAD**
BOKEELIA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BEITELSCHIES, JEAN**
CITY-ST-ZIP **7602 HELEN ROAD**
BOKEELIA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **O'DONNELL, MICHAEL**
CITY-ST-ZIP **7664 FARRELL RD**
BOKEELIA FL 33922

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Therese P. Bolduc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 (941) 293 7935
Date Daytime Phone #

CR2E037_ (11/98)