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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N940000004354 (6)

1. Corporation Name

NATURA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2891 GREY OAKS BLVD

SAME

TARPON SPRINGS, FL 34689

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

09/06/94

4. FEI Number

59-3274144

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

10. Name and Address of New Registered Agent

81 Name **JEAN GENDEBIEN**

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

2891 GREY OAKS BLVD

83

84 City **TARPON SPRINGS**

FL

85 Zip Code **34689**

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 use if applicable.

JEAN GENDEBIEN

(NOTE: Registered Agent signature required when reinstating)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MARC RUTENBERG**
STREET ADDRESS **2891 GREY OAKS BLVD**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **TD** ☐ DELETE
NAME **JEAN GENDEBIEN**
STREET ADDRESS **2891 GREY OAKS BLVD**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **SD** ☒ DELETE
NAME **CYNTHIA WALSH**
STREET ADDRESS **2891 GREY OAKS BLVD**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☒ Change ☒ Addition
1.2 NAME **FRYE, MARC**
1.3 STREET ADDRESS **2891 GREY OAKS BLVD**
1.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN GENDEBIEN **4/6/99**

Date

Daytime Phone #