

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 034 ****61.25

DOCUMENT # N21631

1. Corporation Name
SEVER'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
P O BOX 571
PALM HARBOR FL 34683
US

Mailing Address
P O BOX 571
PALM HARBOR FL 34682
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/21/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2836105	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGUIRE, SUSAN
2027 SWAN LANE
PALM HARBOR FL 34683

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T.D.
NAME	MAGUIRE, SUSAN	1.2 NAME	W.K. LYNCH
STREET ADDRESS	2027 SWAN LANE	1.3 STREET ADDRESS	709 SEVER'S LANDING DR.
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VD	2.1 TITLE	
NAME	VALLETTI, LIZ	2.2 NAME	
STREET ADDRESS	1903 SWAN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	B.D. Waybrant
NAME	WAYBRANT, BETH	3.2 NAME	2004 SWAN LN.
STREET ADDRESS	2004 SWAN LANE	3.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	WALTER COX
NAME	SCALISE, ANNETTE	4.2 NAME	734 SEVER'S LANDING DR.
STREET ADDRESS	2016 SWAN LANE	4.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MERGR, ANTHONY	5.2 NAME	
STREET ADDRESS	2095 SWAN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E037 (5/99)