


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90050 024 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 501119**

1. Corporation Name  
**FLORIDANA HOMEOWNERS, INC.**

Principal Place of Business <b>304 52ND AVE TERR. W BRADENTON FL 34207 US</b>	Mailing Address <b>304 52ND AVE TERR. W. BRADENTON FL 34207 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>04/13/1976</b>	
				4. FEI Number <b>59-1710497</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LAW OFFICES OF JOHN F POPE BRADENTON FL 34205</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNIERIM, JOHN 303 52ND AVE TERR W BRADENTON FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SENG, JAMES (CHAIRMAN OF BOARD) 109 52nd. AVE. TER. WEST BRADENTON, FL., 34207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETER, L 211 51ST AVE DR W BRADENTON FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D LEMMEN, BERN 403 52nd. AVE. DR. WEST BRADENTON, FL., 34207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STRICKLER, JOSEPH 216 52ND AVE PLAZA W BRADENTON FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D SANOR, DON 122 52nd. AVE. WEST BRADENTON, FL., 34207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHAPLIN, ROSE 305 51ST AVE, DR.W. BRADENTON FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D RUPE, TOM 315 51st. AVE. PLAZA WEST BRADENTON, FL., 34207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELLER, IRWIN 409-51ST AVE TERR W BRADENTON FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D HOPKINS, JAMES 303 51st. AVE. DR. WEST BRADENTON, FL., 34207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VALENTINE, J 115 52ND AVE TERR W BRADENTON FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.P DERINGTON, LINDBERG 311 52nd. AVE. WEST BRADENTON, FL., 34207</b>

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 607, 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

MARCH 10, 1999 (941)755-5666

Date

Daytime Phone #

CR2E034 (11/98)