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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 TOTAL TOTAL

(5)

FILED Apr 06 1998 8:00am Secretary of State

ALBEH	T LAKES GARDEN CIVIC	ASSOCIATION, INC.							
Principal Plac	e of Business	Mailing Address			• • • • • • • • • • • • • • • • • • • •);; 109 ;; 09 ;; 108 ;; 19 0;;		ifit menet minte fi	176)1 BIBIT 1881
C/O EUGENE E. SHUEY. P.A. 1400 CENTREPARK BLVD SUITE 860 W. PALM BEACH FL 33401		C/O EUGENE E. SHUEY, P.A. 1400 Centrepark Blyd., Suite 860 W. Palm Beach fl 33401		09	corporated or Qual /09/1964	fied			
					4. FEI NU N	mber OT APPLICABLI	E		pplied For lot Applicable
2. Principal P 21	Place of Business	2a. Malling Address 26		·	5. Certific	ate of Status Desire	d \square	,	Additional lequired
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.			l l	Campaign Financ		\$5.00	
22 City & Stat	le .	City & State				und Contribution		Added 1	
23		28			7. 18 this	nonprofit corporation	n a nomeown	ers associatio	on?
Zip	Country	Zip	Cour	ntry	8. This co	rporation owes or h		urrent year (r	ntangible
24	25	29	30		Person	al Property Tax due	June 30.	Yes 🔏	No No
	9. Name and Address of Curre	ent Registered Agent				and Address of Ne	w Registered	d Agent	
AL HIEV	PHARME P		'	81 Name	H.W. "HM	r" MISSEY	, Jr		
	EUGENE E ELL LANE		1	82 Street A	Address (P.O. Box	dress (P.O. Box Number is Not Accaptable)			
	ALM BEACH FL 33406		<u> </u>	63	1011 6	140 MM	<u> </u>		····
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			ľ	City W). Orra	BENCH	F		Code (/OC
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the Sign am familiar with, and accept the op-	i02 and €17.1508, Florida Stat	utes, the ab	ove-named	corporation subm	ts this statement for	the purpose	of changing	its registered
office or r	registered agent, or both in the Sta	e of Florida. Such change wa	s authorized	by the corp	poration's board of	directors. I hereby	accept the ap	pointment as	s registered
		ONLIONS OF SECUON 517 USUS. I	Florida Statu	rtes. 7		•			
	87 2 C/	gations or, section 617.0503, 1	Florida Statu	ites. 3/3/	198	•			
SIGNATURE .	Signature, typed or printed name of registered a	gent and filed applicable. (N	OTE: Registered	5/51	required when reinstating)	DATE	<u> </u>	
SIGNATURE .	Signature, typed or priviled form of registered a	gent of filed applicable. (N	OTE: Registered	5/ \$8 Agent eighsture	required when reinstating ADDITIC) NS/CHANGES TO	DATE OFFICERS AN	ID DIRECTO	RS IN 12
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I hereby certify that the information supplied with this lifting 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 supplementar 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 referee propowered 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 op an attention with a yaddress.

SIGNATURE:

521-428-1660