FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

	INCORPORATED												
Principal Place of Business				Mailing Address									
	20 Gol f Cour s e Blvd. Inta Gorda FL 33982		6220 GOLF COURSE BLVD. PUNTA GORDA FL 33982					3. Date incorporated or Qualified 06/07/1965					
								4. FEI Number 59-2316468		Applied For Not Applicable			
2. 21	Principal Place of Busin	2a. M	2a. Mailing Address 26				5. Certificate of Status Desired		\$8.75 Additional Fee Required				
22	Suite, Apt. #, etc.		27 S	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
23	City & State	City & State				7. Is this nonprofit corporation a homeowners association? Yes No							
24	Zip	Country 25	29	ip	Country 30	ý .		This corporation owes or has a Personal Property Tax due Jur	_	rent year Intangible Yes X No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
JONES, RAYMOND 34999 WASHINGTON LOOP RD PUNTA GORDA FL 33982						L	Name Street Addres	ss (P.O. Box Number is Not Accept	ebla)	·			
						82 Street Address (P.O. Box Number is Not Acceptable)							
							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.													
S	GNATURE	or tripled name of textitleted and		Appre	- Charleton at 4		de de la constant		DATE	<u> </u>			

SIGNATURE Signature, typed or profiled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTO		13.								
TITLE	PD	DELETE	1.1 TITLE	PD	K Change	☐ Addition					
NAME	JONES, RAYMOND		1.2 NAME	LARRY E. HUDSON.							
STREET ADDRESS	34999 WASHINGTON LOOP ROAD		1.3 STREET ADDRESS	6826 S.W. BELVOIR DR.							
CITY-ST-ZIP	PUNTA GORDA FL 33982		1.4 CITY - ST - ZIP	ARCADIA, FL 34266							
TITLE	VPD	DELETE	2.1 TITLE	VPD	K Change	Addition					
NAME	MARTIN, JOSEPH		2.2 NAME	RAYMOND JONES							
STREET ADDRESS	5474 WILSON DRIVE		2.3 STREET ADDRESS	34999 WASHINGTON LOOP	ROAD						
CITY-ST-ZIP	PUNTA GORDA FL 33982		2. 4 CITY-ST-ZIP	PUNTA GORDA, FL 33982							
TITLE	VDT	☐ DELETE	3.1 TITLE	VDT	Change	☐ Addition					
NAME	JONES, RAY		3.2 NAME	JOSEPH MARTIN							
STREET ADDRESS	34999 WASHINGTON LOOP ROAD		3.3 STREET ADDRESS	5474 WILSON DRIVE							
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-ST-ZIP	PUNTA GORDA, FL 33982							
TITLE	OT\$	DELETE	4.1 TITLE	STD	Change	Addition					
NAME	HUDSON, LARRY E		4. 2 NAME	JOSEPH MARTIN							
STREET ADDRESS	6826 S.E. BELVOIR DRIVE		4.3 STREET ADDRESS	5474 WILSON DRIVE							
CITY-SY-ZIP	ARCADIA FL 33821		4.4 CITY - ST - ZIP	PUNTA GORDA, FL 33982							
TITLE		☐ DELETE	5.1 TITLE		Change	Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS			j					
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS	·							
מוד דם עדום			64 CITY OF 7ID								

14. Thereby 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 of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed for on an attachment with an address.

arry E. Hudson

April 27, 1998 (941) 494-4743

FILED

May 14 1998 8:00am

Secretary of State