### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 710623**

### SOUTHEAST VOLUSIA KC BUILDING ASSOCIATION INC.

Principal Place of Business								
516 SOUTH ORANGE AVENUE NEW SMYRNA BEACH FL 32168								

Mailing Address

516 SOUTH ORANGE AVENUE NEW SMYRNA BEACH FL 32168

# **FILED** Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90024 027 \*\*\*\*61.25

2. Principal	Principal Place of Business     Mailing Address     2a Mailing Address 26				3. Date Incorporated or Qualifed 03/29/1966					
Suite, Ap	at # etc	Suite, Apt. #, etc.			4. FEI Number		An	plied For		
22	27					93-0820067		_ <del>                                     </del>	t Applicable	
City & State City & State						5. Certificate of Status Desired		\$8.75 A	Additional	
Zip	Country Zip Cour					6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30			5		Trust Fund Contribution Added to Fees				
	9. Name and Address of Curr	ent Registered A	gent			10. Name and Address of New	Registered Ag	jent		
				81	Name					
WOHLUST, LEE H				82	82 Street Address (P.O. Box Number is Not Acceptable)					
5303 SOUTH ATLANTIC AVE., #38						-		<del></del>		
NEW SMYRNA BEACH FL 32169-4538								<del>, ,</del>		
				84	City		FI	85 Zip C	Code	
11. Pursuar office of agent. I SIGNATURI	r registered agent, or both, in the Sta am familiar with, and accept the obli	e of Florida. Such gations of, Section	change was auth 617.0503, Florida — (	norized by a Statutes	the corpor	orporation submits this statement for the ation's board of directors. I hereby acce	purpose of cl pt the appoint ZZ- DATE	anging its nent as rec	registered gistered 49	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE	PD	•	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	WOHLUST, LEE H			1.2 NAME		•				
STREET ADDRESS 5303 SOUTH ATLANTIC AVE., #38				1.3 STREET	1.3 STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA FL 32169-453			1.4 CITY-S	r-ZIP					
TITLE	VDT		☐ DELETE	2.1 TITLE			i	Change	☐ Addition	
NAME	SKOWRONSKI, JAMES W			2.2 NAME						
STREET ADDRES				2.3 STREET	ADDRESS				į	
CITY-ST-ZIP	EDGEWATER FL 32141	•		2. 4 CITY-S	T-ZIP					
TITLE	D		☐ DELETE	3.1 TITLE		1		Change	☐ Addition	
NAME (3)	ALFRED GRAY			3.2 NAME						
STREET ADDRES	ss 1715 JUNIPER DR			3.3 STREE1	ADDRESS					
CITY-ST-ZIP				3.4. CITY-S	T-ZIP					
TODE	D		☐ DELETE .	4.1 TITLE		و مستنب المبنى بالشبية الدياد		Change	- Addition	

**EDGEWATER FL 32141** 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.

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SD

D

CITY-ST-ZIP

**GERALD SABATINO** 

**ALAN HUGHES** 

3438 YALE RD

JAY BLAIKIE

3124 PINE TREE DR

51 CLUB HOUSE BLVD

**NEW SMYRNA FL 32168** 

SOUTH DAYTONA FL 32119

SIGNATURE REQUIRED

☐ Change

Change

Addition

☐ Addition