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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| OLS H   | MENT # 71116  OME ASSOCIATION, INC.  | •   | (O)                    |   |  |                         | 1 1001H 1008 H 1008 H  | <br>                           | 184 <b>8</b> 1841 81801 |                                      |  |
|---|--|---|------------------------|---|--|-------------------------|--|--------------------------------|-------------------------|--------------------------------------|--|
| Principal Place   | e of Business  | Mailing Add   | dress                  |   |  |                         |  |                                |                         |                                      |  |
| O BOX 861 KILMARNOCH ROAD   |  | P O BOX 861<br>KILMARNOCH ROAD                          |                        |   |  |                         |  |                                |                         |                                      |  |
| itusville fl  |  | TITUSVILLE F  | FL 32781-0861          | I   |  | 3                       | Date Incorporated 07/08/1966   | or Qualified                   |                         | e of Last R                          |  |
| 2. Principal P  | lace of Business   | 2a. Mailing   | Address                |   |  | 4                       | FEI Number   |                                | <u> </u>                |                                      | plied For  |
| 1   |  | 26  |                        |   |  |                         | 23-7075601   |                                |                         |                                      | t Applicable   |
| Suite, Apt  | #, etc   | <b>├</b> ──   | pt. #, etc.            |   |  | 5                       | Certificate of Status  | Desired                        |                         | \$8.75 /<br>Fee Re                   |  |
| City & State  | e  | 27     City & S   | itate                  |   |  | - 6                     | , Election Campaign  | Financino                      |                         | \$5.00                               | <u> </u>   |
| 3   |  | 28  |                        |   |  |                         | Trust Fund Contribu  |                                |                         | Added                                |  |
| Zip<br>T  | Country  | Zip   |                        | Country   | <i>'</i>   | 8                       | This corporation ha  | · -                            | ~ ~ —                   | -                                    | . 199.032,   |
| <u> </u>  | 9. Name and Address of Currel  | 29<br>Int Registered An                                 | eni                    | 30  |  | 11                      | Florida Statutes  Name and Addres  |                                | Yes                     |                                      |  |
|   | o. Hallo one reactor of control  | in the groter of a reg                                  |                        | 81  | Name   |                         |  | 0 01 11011 110                 | giotorou /              | 90.11                                |  |
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| 1690 LO   |  |   |                        | 0.  |  | nuuresa (               | 1 .O. DOX (VIIII) IO   | wor Acceptat                   |                         |                                      |  |
| TITUSVIL  | LLE FL 32780   |   |                        | 83  |  |                         |  |                                |                         |                                      |  |
|   |  |   |                        | 84  | City   |                         |  | <del></del>                    |                         | 85 Zip                               | Code   |
|   | 10.007.007   | 00 1000   | F                      |   | L.   |                         |  |                                | <u>FL</u>               | 1 1                                  |  |
| <ol> <li>Pursuant<br/>office or r</li> </ol>  | to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig  | e of Florida. Such                                      | change was             | ites, the above<br>authorized by  | e-named<br>y the corp  | corporati<br>coration's | on submits this stater<br>board of directors. I                                    | nent for the p<br>hereby accet | ot the appo             | cnanging it<br>sintment as           | s registere<br>registered  |
| agent La  | m fan⊬ ar with, and accept the oblig   | gations of, Section                                     | 217 ACAO E             |   |  |                         |  |                                |                         |                                      |  |
| -9*   |  | ,   | 617.0303, 7            | iorida Statutes   | S.   |                         |  |                                |                         |                                      |  |
|   |  |   |                        |   |  |                         |  |                                |                         | #                                    |  |
| ignature .  | Stgnative Typed or printed name of registrinid ag  |   |                        | IDFIDA STATUTOS   |  |                         |  |                                | DATE                    |                                      |  |
| IGNATURE.   | Stgnative Typed or printed name of registrinid ag  | gert and title if applicable                            |                        | TE: Registered Age  |  |                         | en reinstating)  |                                | DATE<br>ERS AND         |                                      | IS IN 12   |
| ignature.<br><b>2.</b><br>Ile   | Signative Typed or printed name of registalitic asp<br>OFFICERS AN<br>VD<br>HEFFERNAN, JAMES E   | gert and title if applicable                            | ) (NO                  | TE: Registered Age  |  |                         | en reinstating)  |                                | DATE<br>ERS AND         | DIRECTOR                             | IS IN 12   |
| IGNATURE.<br>2.<br>ILE<br>AME   | Signar re Typed or punted name of registari diag<br>OFFICERS AN<br>VD<br>HEFFERNAN, JAMES E<br>572 GARDENIA CIR  | gert and title if applicable<br>ND DIRECTORS            | ) (NO                  | 13.   | ent signature  |                         | en reinstating)  |                                | DATE<br>ERS AND         | DIRECTOR                             | IS IN 12   |
| SIGNATURE.  2.  DILE  AME  TREET ADDRESS  ITY-ST-ZIP  | Signal re Typed or printed name of registari oraginari or Typed or printed name of registari oraginari ora | gert and title if applicable<br>ND DIRECTORS<br>[       | DELETE                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S  | ent signature  ADDRESS  TADDRESS  T-ZIP  | required wh             | en reinstating)<br>ADDITIONS/CHANG   | ES TO OFFIC                    | DATE<br>CERS AND        | DIRECTOR                             | RS IN 12   |
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