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**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

1. Corporation Name

(6)

## DIVIE GROVES COMMINITY ASSOCIATION, INC.

DIVIE	GHOVES COMMUNITY	nooudin i	IION, INC									
Principal Plac	e of Business	Ma	alling Address					1 100111 100	12 11050 (141 <b>00110</b>	HAFAT ARIL BHAL		
P.O. BOX 3582 HOLIDAY FL 34690			). BOX 3582 HIDAY FL 34690				3.	Date Incorpo	rated or Qualifi	ied		· · · · · · · · · · · · · · · · · · ·
			•				4.	FEI Number	1000	•	<u> </u>	Applied For
2. Principal P	Place of Business	20	Mailing Address		<del></del>			<u>59-180</u>	)1 <del>966</del>		4 2	Not Applicable
21	tude of Eddinods	26	Maning Madross				5.	Certificate of	Status Desired			5 Additional Required
Sulte, Apt.	#, etc.		Sulte, Apt. #, etc.				6.	Election Carr	palgn Financin	ıg		May Be
22		27						Trust Fund C	ontribution	<u> </u>		to Fees
City & Stat	te	-	City & State				7.	Is this nonpre	ofit corporation			tlon?
23   Zip	Country	28	Zip	Cou	untry			This corneral	lan awaa ar ha	Yes Yes	☐ No	latan allala
24	25	29	—	30			<b>B</b> .		tion owes or has perty Tax due J		Yes	Intangible ☐ No
	9. Name and Address of Cu		lered Agent				10.		ddress of New		ed Agent	
					81	Name	رم	ana I	Kate 1	2-0		
	ERLAIN, MINNA				82 5	Speet A	ddress (P	O. Box Numb	per js Not Acce	ptable)		
	CEROY LN				83	2ي.	146	Vand	elwood	we		····
HULIDA	Y FL 34690					$\forall \ell$	oleg	Las F	7			
					84	City		O'		F	85 Z	Code
11. Pursuant	to the provisions of Sections 617	.0502 and 61	17.1508, Florida Stat	utes, the a	bove-n	named c	corporation	n submits this	statement for t			its registered
office or r agentI.e	to the provisions of Sections 617 registered agent, or both, in the Samilar with, and accept the company to the samilar with and accept the company to the samilar with a same with a samilar with a same with a samilar with a same with a samilar with a samilar with a samilar with a samilar wi	State of Florid abligations of	ia. Such change was Section 617 0503	s authorize Florida Sta	d by th	ne corpo	oration's b	oard of direct	ors. I hereby a	ccept the a	appointment -	as registered
			, 00000, 10 17,000,00, 1	ionaa ota	เนเษร							
SIGNATURE	Jeanne LG	elers	Tres.									
	Signature, typed or printed name of registers	eless ed agent and title	dzes.	OTE: Registere			equired when	reinstating)		ÓATE	Ε	
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CITY-ST-ZIP HOLIDAY FL

6.4 CITY-ST-ZIP I HOLIDAY, FLA 34696

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.

**FILED** 

Mar 12 1998 8:00am

Secretary of State