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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723659** (9)

1. Corporation Name

JAPANESE GARDENS LOT RENTERS PROTECTIVE ASSOCIATION OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

**2635 BUTTERFLY DRIVE
CLEARWATER FL 34624
US**

**2635 BUTTERFLY DRIVE
CLEARWATER FL 34624
US**

3. Date Incorporated or Qualified

06/13/1972

4. FEI Number

59-3433306

Applied For

NOT APPLICABLE

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANDIGO, CLARENCE
2674 SHINTO DRIVE
CLEARWATER FL 34624**

81 Name

MOONEY, WANDA H.

82 Street Address (P.O. Box Number is Not Acceptable)

2635 BUTTERFLY DRIVE

83

84 City

CLEARWATER,

FL

85 Zip Code

33764

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, and I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wanda H. Mooney Wanda H. Mooney March 1/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOONEY, WANDA H	
STREET ADDRESS	2635 BUTTERFLY DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SYTSMAN, JOAN	
STREET ADDRESS	2650 FUJAMA DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	ENT, ROBERT	
STREET ADDRESS	2624 FUJAMA DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CANTAFIO, JOSEPH	
STREET ADDRESS	2678 RICKSHAW DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, JERRY	
STREET ADDRESS	2645 TEAKWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, MARGE	
STREET ADDRESS	2685 RICKSHAW DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Wanda H. Mooney Jan 25/1998

CFR2037 (10/97)