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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723659

1. Corporation Name

JAPANESE GARDENS LOT RENTERS PROTECTIVE ASSOCIATION OF CLEARWATER, INC.

Principal Place of Business

2635 BUTTERFLY DRIVE
CLEARWATER FL 34624
US

Mailing Address

2635 BUTTERFLY DRIVE
CLEARWATER FL 34624
US



2. Principal Place of Business

21 **2624 FUJIAMA DRIVE**

Suite, Apt. #, etc.

22 **CLEARWATER, FL.**

City & State

23

Zip

24 **33764**

Country

25 **Pinellas**

2a. Mailing Address

26 **2624 FUJIAMA DRIVE**

Suite, Apt. #, etc.

27 **CLEARWATER, FL.**

City & State

28

Zip

29 **33764**

Country

30 **Pinellas**

3. Date Incorporated or Qualified

06/13/1972

4. FEI Number

59-3433306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MOONEY, WANDA H
2635 BUTTERFLY DR
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

ROBERT E. ENT

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

2624 FUJIAMA 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert E. ENT, PRESIDENT

MAR 8, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
MOONEY, WANDA H
STREET ADDRESS **2635 BUTTERFLY DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE ☐ DELETE

NAME **V**
SYTSMA, JOAN
STREET ADDRESS **2650 FUJIAMA DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE ☐ DELETE

NAME **ST**
ENT, ROBERT
STREET ADDRESS **2624 FUJIAMA DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D**
CANTAFIO, JOSEPH
STREET ADDRESS **2678 RICKSHAW DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D**
BRADLEY, JERRY
STREET ADDRESS **2645 TEAKWOOD DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE ☐ DELETE

NAME **D**
O'BRIEN, MARGE
STREET ADDRESS **2685 RICKSHAW DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT**
ROBERT E. ENT
1.3 STREET ADDRESS **2624 FUJIAMA DRIVE**
1.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **RAYMOND BACKWELL**
VICE PRESIDENT
2.3 STREET ADDRESS **2626 TEAKWOOD DRIVE**
2.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **JOAN SYTSMA - S. TREAS.**
3.3 STREET ADDRESS **2650 FUJIAMA DRIVE**
3.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Robert E. ENT, PRESIDENT** **MAR 8, 1999** **727-524-1486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)