FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

TRI-LEISURE CONDOMINIUM.INCORPORATED

Principal Place of Business Mailing Address							
C/O W DEMERS & CO. 8211 STATE RD 52 HUDSON FL 34667		C/O W DEMERS & CO. 8211 STATE RD 52 HUDSON FL 34667		3. Date Incorporated or Qualified 03/26/1974 4. FEI Number Applied For			
US		U\$			59-1939179	Not Applicable	
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			\$8.75 Additional Fee Required		
Suite, Apt. #, etc		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip 29	Countr 30	у	This corporation owes or has paid the currer Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			8	Name			
MCDONALD, FLORENCE 9820-1 HIDDEN LANE				Street Address (P.O. Box Number is Not Acceptable)			
PORT RICHE			8				
			8-	City	FL	85 Zip Code	

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 _	Signature, typed or printed name of registered agent a	nd bile if service able (NC	OTE: Registered Agent signature	recylined when reinstation	DATE	
12.	OFFICERS AND L		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MCDONALD, FLORENCE		1.2 NAME		•	
STREET ADDRESS	9820-1 HIDDEN LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP			
TITLE	DP	DELETE	2.1 TITLE		Change Addition	
NAME	FORTUNATO, DONALD		2.2 NAME			
STREET ADDRESS	9814-3 HIDDEN LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP		,	
TITLE	DT	DELETE	3.1 TITLE		Change Addition	
NAME	WEINSTEIN, CAROL		3.2 NAME			
STREET ADDRESS	9811-3 HIDDEN LANE		3.3 STREET ADDRESS		i	
CITY-ST-ZIP	PORT RICHEY FL		3.4. CITY-ST-ZIP			
TITLÉ		☐ DELETE	4.1 TITLE	DT	☐ Change ☑ Addition	
NAME]			4. 2 NAME	PATRICIA TODARO	'	
STREET ADDRESS			4.3 STREET ADORESS	PATRICIA TODARO 9815-2 HIDDEN LN		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PORT RICHEY, FL		
THLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS		, ,	5.3 STREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY ET 210			RACITY_ST_7IP			

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 ennual 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: Here of Midney Vie

FILED

Feb 18 1998 8:00am

Secretary of State

I PROJECTURA DE LA LA CONTRA LEGALISMOS ANOS ALONS ALONS