

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90042 044 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 730185**

1. Corporation Name

**ETA PI HOUSE, INC.**

Principal Place of Business

PO BOX 1171  
ORLANDO FL 32802  
US

Mailing Address

4638 S KIRKMAN RD  
ORLANDO FL 32811  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

07/11/1974

4. FEI Number

59-6549155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SWARTSEL, VERNON  
255 S. ORANGE AVE.  
STE 1600  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 Vernon Swartsel

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 FIDEL ALAN B**

STREET ADDRESS **7912 BRIDGESTONE DR**

CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ DELETE

NAME **S HARTMAN, JOE G**

STREET ADDRESS **4638 S KIRKMAN RD**

CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D CABLE, P**

STREET ADDRESS **528 KELLY GREEN DR**

CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D DIXON, ROBERT**

STREET ADDRESS **1142 PHEASANT CIR**

CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☒ DELETE

NAME **D HASLEY, JIM**

STREET ADDRESS **151 SOUTH HALL LN SUITE 130**

CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **D MELNICK, TIM**

STREET ADDRESS **9127 WOODBREEZE RD.**

CITY-ST-ZIP **WINDERMERE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

2012 Willow Lagoon Ln  
Windermere FL 32786

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: Joe G Hartman 2-19-99 (407) 298-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)