

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731389** (3)

1. Corporation Name

**COMMUNITY EQUITY INVESTMENTS, INC.**

Principal Place of Business

**302 N. BARCELONA ST.  
PENSACOLA FL 32501**

Mailing Address

**302 N. BARCELONA ST.  
PENSACOLA FL 32501**



3. Date Incorporated or Qualified

**12/17/1974**

4. FEI Number

**59-1586520**

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**

7. Is this nonprofit corporation a homeowners association?



Yes

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORVATH, DANIEL R  
302 NO BARCELONA ST  
PENSACOLA FL 32501**

81 Name

**Daniel R. Horvath**

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

**302 N. Barcelona St.**

83

84 City

**Pensacola,**

**FL**

85 Zip Code

**32501**

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

**Daniel R. Horvath, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE  
NAME **WYNN, WAYMON**  
STREET ADDRESS **2600 NORTH 14TH AVENUE**  
CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE **P** ☐ DELETE  
NAME **HORVATH, DANIEL R**  
STREET ADDRESS **8680 SCIENC HWY. 8**  
CITY-ST-ZIP **PENSACOLA**

TITLE **S** ☒ DELETE  
NAME **HOUSE, CHRISTINE**  
STREET ADDRESS **1003 N. ALCANIZ STREET**  
CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE **VD** ☒ DELETE  
NAME **TOWNSEND, RONALD**  
STREET ADDRESS **1400 NO. "G" ST.**  
CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE **T** ☐ DELETE  
NAME **BYRD, WILLIAM**  
STREET ADDRESS **75 N. PACE BLVD.**  
CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Wynn, Waymon**  
1.3 STREET ADDRESS **2600 North 14th Avenue**  
1.4 CITY-ST-ZIP **Pensacola, FL 32503**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **Allen, Cheryle**  
3.3 STREET ADDRESS **2103 North "H" Street**  
3.4 CITY-ST-ZIP **Pensacola, FL 32501**

4.1 TITLE **VD** ☐ Change ☒ Addition  
4.2 NAME **Tripp, Clyde**  
4.3 STREET ADDRESS **710 North 7th Avenue**  
4.4 CITY-ST-ZIP **Pensacola, FL 32501**

5.1 TITLE **CD** ☒ Change ☐ Addition  
5.2 NAME **Byrd, William**  
5.3 STREET ADDRESS **2550 North 15th Avenue**  
5.4 CITY-ST-ZIP **Pensacola, FL 32503**

6.1 TITLE **T** ☐ Change ☒ Addition  
6.2 NAME **Paul, Lloyd**  
6.3 STREET ADDRESS **302 North Barcelona St.**  
6.4 CITY-ST-ZIP **Pensacola, FL 32501**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**Daniel R. Horvath**

**(850)595-6234**

CR2E037 (10/97)