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Apr 24 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 # **739404** (2)

1. Corporation Name

FLOTILLA 070-11-09, INC.

Principal Place of Business

Mailing Address

**1210 CALVARY ROAD
LOT 19
HOLIDAY FL 34691
US**

**1210 CALVARY ROAD
LOT 19
HOLIDAY FL 34691
US**

3. Date Incorporated or Qualified

06/16/1977

4. FEI Number

59-1874300

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5640 FERGUSON COURT

26 5640 FERGUSON COURT

Suite, Apt. #, etc.
22 APT. #2202

Suite, Apt. #, etc.
27 APT. #2202

City & State
23 NEW PORT RICHEY FL

City & State
28 NEW PORT RICHEY FL

Zip Country
24 34652 25 PASCO

Zip Country
29 34652 30 PASCO

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEINISCH, CARL G.
1210 CALVARY ROAD
LOT 19
HOLIDAY FL 34691**

81 Name MARTINDALE, TYRONE

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

5640 FERGUSON COURT

83 APT. #2202

84 City NEW PORT RICHEY

85 FL 34652

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

Tyrone Martindale

(NOTE: Registered Agent signature required when reinstating)

2/17/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HEINISCH, CARL G
STREET ADDRESS	1210 CALVARY ROAD, #19
CITY - ST - ZIP	HOLIDAY FL
TITLE	VD
NAME	MARTINDALE, TYRONE
STREET ADDRESS	5640 FERGUSON COURT, #2202
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	HEINISCH, MILDRED
STREET ADDRESS	1210 CALVARY ROAD, #19
CITY - ST - ZIP	HOLIDAY FL 34691
TITLE	SD
NAME	COY, LORRAINE
STREET ADDRESS	5229 MILLER BAYOU
CITY - ST - ZIP	PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	MARTINDALE, TYRONE
1.3 STREET ADDRESS	5640 FERGUSON CT. #2202
1.4 CITY - ST - ZIP	NEW PORT RICHEY FL 34652
2.1 TITLE	VD
2.2 NAME	GINGRICH, JOHN K.
2.3 STREET ADDRESS	1023 MANDARIN DRIVE
2.4 CITY - ST - ZIP	HOLIDAY, FL. 34691
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	SD
4.2 NAME	DEWEY, HELEN K.
4.3 STREET ADDRESS	131 NINA WAY
4.4 CITY - ST - ZIP	OLDSMAR, FL. 34677
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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:

Tyrone Martindale

2/17/98

CR2E037 (10/97)