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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | | ERS ASSOCIATION, INC. | | | | |
|---|---|--|--|--|--|--|
| Principal Place P.O. BOX 1022 | | Mailing Address P.O. BOX 1022 | | | eren 4:00 dien eren eren 4:00 dien 4:00 di | |
| PALM HARBOR FL 34882 | | PALM HARBOR FL 34682 | | | 3. Date Incorporated or Qualified 05/18/1979 | |
| | | | | 4. FEI Number | Applied For | |
| 9 Principal Pi | lace of Business | On Mailing Address | | 59-2088271 | Not Applicat | |
| z. Principar Pi | INCO OF DUSINESS | 2a. Mailing Address | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | |
| 2 City & State | | 27 City 8 State | | Trust Fund Contribution | Added to Fees | |
| City & State | B | City & State | | 7. Is this nonprofit corporation a hon | neowners association? Yes No | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid | | |
| 14 | 25 | 29 | 30 | Personal Property Tax due June 3 | 90. 🔀 Yes 🗌 No | |
| | D. Name and Address of C | Current Registered Agent | 81 Name | 10. Name and Address of New Reg | Istered Agent | |
| 14400 1 | MARIAN | | o i Name | | | |
| | Norman Unish Oaks Blyd. | | 82 Street A | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | ARBOR FL 34683 | | 83 | | | |
| FAUNT | ANDON FL 34003 | | | | | |
| | | | 84 City | | FL 85 Zip Code | |
| | | | 1 1 | | | |
| 11. Pursuant to | to the provisions of Sections 6 egistered agent, or both, in the | 17.0502 and 617.1508, Florida Statut of State of Florida. Such change was: a chilinations of Section 617.7503, Florida | 1 1 | corporation submits this statement for the purporation's board of directors. I hereby accept | rpose of changing its registered the appointment as registered | |
| | to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the | 17.0502 and 617.1506, Florida Statut e State of Florida. Such change was e obligations of, Section 617.0503, Fl | 1 1 | corporation submits this statement for the pu oration's board of directors. I hereby accept | rpose of changing its registered the appointment as registered | |
| SIGNATURE _ | Signature, typed or printed name of regist | tered agent and title if applicable (NOT | les, the above-named cauthorized by the corporida Statutes. | equired when reinstating) | rpose of changing its registered the appointment as registered DATE | |
| SIGNATURE _ | Signature, typed or printed name of registr | tered agent and title If applicable (NOT RS AND DIRECTORS | les, the above-named of authorized by the corporida Statutes. TE: Registered Agent signature re | equired when reinstating) ADDITIONS/CHANGES TO OFFICE | rpose of changing its registered the appointment as registered DATE TRS AND DIRECTORS IN 12 | |
| SIGNATURE _ 112. TITLE | Signature, typed or printed name of regime OFFICEF | tered agent and title if applicable (NOT | les, the above-named of authorized by the corporida Statutes. [E: Registered Agent signature re 13. 1.1 TITLE | equired when reinstating) ADDITIONS/CHANGES TO OFFICE TD | rpose of changing its registered the appointment as registered DATE | |
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