

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90188 030 ****61.25

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DOCUMENT # 749061

1. Corporation Name

FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, IN C.

Principal Place of Business

P.O. BOX 81
MCALPIN FL 32062
US

Mailing Address

P.O. BOX 81
MCALPIN FL 32062
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/25/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2542409

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUNT, ROBERT E
18472 73RD PLACE
MCALPIN FL 32062

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

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 **PD** ☐ DELETE
NAME **NEWBEGIN, JAMES**
STREET ADDRESS **18053 75TH PLACE**
CITY-ST-ZIP **MCALPIN FL 32062**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **CARR, TRUMAN**
STREET ADDRESS **1224 IRVIN AVE**
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **TD** ☒ DELETE
NAME **LAUNT, ROBERT**
STREET ADDRESS **18472 73RD PLACE**
CITY-ST-ZIP **MCALPIN FL 32062**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Treasurer - Director**
3.3 STREET ADDRESS **James E. Sturtevant**
3.4 CITY-ST-ZIP **18204 77TH Place**
MCALPIN, FL 32062

TITLE **SD** ☐ DELETE
NAME **ASHLEY, PETE**
STREET ADDRESS **762 CALIFORNIA WOODS CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32824**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Director**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HARTMAN, CAROL**
STREET ADDRESS **18433 73RD PLACE**
CITY-ST-ZIP **MCALPIN FL 32062**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MARSON, MARILYN**
STREET ADDRESS **8475 SW 141ST ST**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Secretary - Director**
6.3 STREET ADDRESS **Marion R. Spiller**
6.4 CITY-ST-ZIP **18251 75TH Place**
MCALPIN, FL 32062

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:

SIGNATURE REQUIRED T.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-98 9849631319

CR2E037 (1/98)