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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752097 (6)

1. Corporation Name

TAVARES HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
756 MARINA LANE TAVARES FL 32778-0827	756 MARINA LANE TAVARES FL 32778-0827

3. Date Incorporated or Qualified: 04/18/1980

4. FEI Number: 59-1980287 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
JOHNSON, CHARLES 907 WEBSTER ST LEESBURG FL 32778	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, NORRIS		1.2 NAME	CAFARO, FRANK	
STREET ADDRESS	440 MARINA LANE		1.3 STREET ADDRESS	589 MARINA LANE	
CITY-ST-ZIP	TAVARES, FLORIDA 00000		1.4 CITY-ST-ZIP	TAVARES, FLORIDA, 32778	
TITLE	D	☐ DELETE	2.1 TITLE	D.	☐ Change ☒ Addition
NAME	KRAMM, MOLLIE		2.2 NAME	HADDIX, JAMES	
STREET ADDRESS	748 MARINA LANE		2.3 STREET ADDRESS	600 MARINA LANE	
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP	TAVARES, FLORIDA, 32778	
TITLE	D	☐ DELETE	3.1 TITLE	D.	☐ Change ☒ Addition
NAME	HARVEY, JACKIE		3.2 NAME	WRIGHT, ELMER	
STREET ADDRESS	616 MARINA LANE		3.3 STREET ADDRESS	532 MARINA LANE	
CITY-ST-ZIP	TAVARES FL		3.4 CITY-ST-ZIP	TAVARES, FLORIDA, 32778	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VESCONTE, JOHN		4.2 NAME		
STREET ADDRESS	559 SINCLAIR CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEMKE, HARRY		5.2 NAME		
STREET ADDRESS	517 MARINA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WELLING, DONALD		6.2 NAME		
STREET ADDRESS	588 MARINA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Norris Smith (chairman) 4/19/98