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**Feb 04 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 # 752229 (5)
 1. Corporation Name
V.F.W. POST NO. 3227, HOME ASSOCIATION



Principal Place of Business Mailing Address
915 NEW YORK AVE ST CLOUD FL 34769-3361

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

3. Date Incorporated or Qualified
04/29/1980

4. FEI Number Applied For
59-1861954 Not Applicable

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
**CIANCIOTTA, ANTHONY P.
 1117 MONROE AVE.
 ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent
 81 Name **Goldsmith, Roe D.**
 82 Street Address (P.O. Box Number Is Not Acceptable)
5620 Lake Lizzie Dr
 83 **Lot 36**
 84 City **St. Cloud** FL 85 Zip Code **34771**

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 *Roe D. Goldsmith* **Commander** DATE **1-28-98**

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | CIANCIOTTA, ANTHONY P. | |
| STREET ADDRESS | 1117 MONROE AVE. | |
| CITY-ST-ZIP | ST. CLOUD FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | STURGEON, GEORGE | |
| STREET ADDRESS | 1616 MARYLAND AVE., | |
| CITY-ST-ZIP | ST. CLOUD FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | MAZZEI, FRANK S. | |
| STREET ADDRESS | 300 LAPAZ DR. | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SCOTT, JAMES I JR | |
| STREET ADDRESS | 166 ZACALO WAY | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | SWANSON, CHARLES | |
| STREET ADDRESS | 2670 ANN AVE. | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLDSMITH, ROE | |
| STREET ADDRESS | 5620-36 LAKE LIZZI | |
| CITY-ST-ZIP | ST. CLOUD FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-----------------------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Goldsmith, Roe D. | |
| 1.3 STREET ADDRESS | 5620 Lake Lizzie Dr. Lot 36 | |
| 1.4 CITY-ST-ZIP | St. Cloud, FL 34771 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | John F. Murphy | |
| 3.3 STREET ADDRESS | 1700 Eastern Ave. | |
| 3.4 CITY-ST-ZIP | St. Cloud FL 34769 | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Bruno B. Costantini | |
| 4.3 STREET ADDRESS | 3260 Cleopatra | |
| 4.4 CITY-ST-ZIP | St. Cloud, FL | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | David L. Cowboy | |
| 6.3 STREET ADDRESS | 4945 Spiral Way | |
| 6.4 CITY-ST-ZIP | St. Cloud FL 34769 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John F. Murphy* **John F. Murphy** DATE: **1-28-98** **407-892-6761**

CR2E037 (10/97)