## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| COF  | NONPROFIT CORPORATION ANNUAL REPORT  1998  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |   |                    |                                 |             | FILED 98 OCT 26 AM II: 18   |           |
|--|--|---|--------------------|---------------------------------|-------------|---|-----------|
| DOCU<br>1. Corporațio  | Mondownew  | z<br>Estates<br>ociation,                   | Lot.               | -                               |             | SECRETARY OF STATE TALLAHASSEE. FLORIDA   |           |
| Principal Place of Business 4312434 David CrumLn.  |  |   |                    |                                 | -           |   | _         |
| Lakeland, FL 33813-1907  |  |   |                    |                                 |             | Date Incorporated or Quantified     1 46      4. FEI Number   | _         |
| 2. Principal F<br>21<br>Suite, Apt.  | Place of Business  | 2a. Mailing Add                             |                    |                                 |             | 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing \$5.00 May Be   | -         |
| City & State   | CONPRI   | 27 City & State                             | Jan                | <del></del>                     |             | Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?   |           |
| Zip<br>24  | Country 25 9. Name and Address of Curre  | Zip<br>29<br>ent Registered Agent           | 30                 | ountry                          |             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   10. Name and Address of New Registered Agent  11. Property Tax due June 30.   12. Value 11.   13. Value 12.   14. Value 12.   15. Value 14.   16. Value 14.   16. Value 14.   17. Value 14.   18. Value 14.   19. Value |           |
| Joseph & Bywater 2006 Dr. E. 33803 Street Address (P.O. Box Number is Not Acceptable)  Lakeland FL 33803  83  Carrent Address (P.O. Box Number is Not Acceptable)  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 |  |   |                    |                                 |             |   |           |
| 12.  | Signature, typed or printed name of registered ag<br>OFFICERS AI   | gent and title if applicable.  ND DIRECTORS | (NOTE: Registe     | erod Agant signature r          | required wh | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | 1         |
| TITLE PreS   | Jo Ann Hunt  | un Ln.                                      | ELETE 1.1<br>1.2   | PrePres.                        | Mr<br>172   | r. Craig Sherouse Change Da Addition  | 0/1/ /200 |
| CITY-ST-ZIP  | Lakeland FL  | 3383  |                    | CITY-ST-ZIP                     | La          | akeland, FL 338/3   |           |
| NAME TOOS<br>STREET ADDRESS  | Michele Hur<br>4312 David C  | ghes !!!<br>Hum Ln.<br>CL 3381:             | 2.2                | TITLE NAME STREET ADDRESS       |             | ☐ Change ☐ Addition 1000026791318 -11/03/98-01056014  | 7         |
| CITY-ST-ZIP<br>TITUS<br>NAME   | Lakeigna; F  |   |                    | TITLE                           | Mr<br>42    | ******61.25 ******61.25<br>r George Donnelly Change Braddition<br>341 David Crum Ln.  |           |
| STREET ADDRESS   |  |   | 3.4                | SIMBETADORESS<br>CITY-ST-ZIP    | لّ          | akeland FL 33813  |           |
| TITLE  |  | ☐ Di  | LETE               | TITLE                           | mo          | r. Joe Anderson Change Do Addition  | 1         |
| NAME<br>STREET ADDRESS   |  |   | 4.3                | STREET ADDRESS                  | 176         | 29 David Crum Crt.  |           |
| CITY-ST-ZIP  |  |   | 4.4                | CITY-ST-ZIP                     | L           | akeland, Fi 33813   |           |
| TITLE<br>NAME  |  | □ Da  |                    | TITLE<br>NAME                   |             | Change Addition   | İ         |
| STREET ADDRESS   |  |   |                    | STREET ADDRESS                  |             |   |           |
| CITY-ST-ZIP<br>TITLE   |  |   |                    | CITY-ST-ZIP<br>TITLE            |             | Change Addition   | _         |
| NAME   |  | _ U.  |                    | NAME                            |             | Change Li Audition  |           |
| STREET ADDRESS   |  |   | 1                  | STREET ADDRESS                  |             |   |           |
| CITY-ST-ZIP  <br>14. I hereby c  | ertify that the information supplied v   | vith this filing does not a                 | qualify for the ex | CITY-ST-ZIP  <br>emption stated | i in Secti  | tion 119.07(3)(i), Florida Statites further certify that the information  | 1         |
| 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 (changed, or on an attachment with an address.   |  |   |                    |                                 |             |   |           |
| SIGNATURE: Who have the fundament of Signification of Dayline Prince #   |  |   |                    |                                 |             |   |           |