


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 754626 (0)**

1. Corporation Name  
**SONS AND DAUGHTERS OF ERIN, INC.**

Principal Place of Business <b>12301 FIELDSTONE LANE BAYONET POINT FL 34667 US</b>	Mailing Address <b>12301 FIELDSTONE LANE BAYONET POINT FL 34667 US</b>
---	---

2. Principal Place of Business <b>3112 APPLE BLOSSOM TRAIL</b>	2a. Mailing Address <b>3112 Apple Blossom Tr</b>
21 Suite, Apt. #, etc. <b>SPRING HILL FL</b>	26 Suite, Apt. #, etc. <b>FL</b>
22 City & State <b>Spring Hill FL</b>	27 City & State <b>FL</b>
23 Zip <b>34606</b>	28 Zip <b>34606</b>
24 Country <b>USA</b>	29 Country <b>USA</b>

3. Date Incorporated or Qualified <b>10/13/1980</b>
4. FEI Number <b>59-2150280</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LEE, KATHLEEN M. 12301 FIELDSTONE LANE BAYONET POINT FL 34667</b>
---

10. Name and Address of New Registered Agent 81 Name <b>O'Malley Theresa</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3112 Apple Blossom Tr</b> 83 84 City <b>Spring Hill</b> <b>FL</b> 85 Zip Code <b>34606</b>
--

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 Theresa O'Malley DATE 4/13/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	LEE, KATHLEEN M.
STREET ADDRESS	12301 FIELDSTONE LANE
CITY-ST-ZIP	BAYONET POINT FL
TITLE	SD
NAME	WOJEWSKI, PATRICIA
STREET ADDRESS	7604 COVENTRY DR
CITY-ST-ZIP	PORT RICHEY FL
TITLE	P
NAME	O'MALLEY, THERESA
STREET ADDRESS	3112 APPLE BLOSSOM TRAIL
CITY-ST-ZIP	SPRING HILL FL
TITLE	T
NAME	PETER MCGUIRE
STREET ADDRESS	11410 WENWOOD PL
CITY-ST-ZIP	PORT RICHEY FL
TITLE	VPD
NAME	SARAH FITZGERALD
STREET ADDRESS	7300 PURLEY DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	T
NAME	MATTHEW DALY
STREET ADDRESS	13406 RAY BURN DR
CITY-ST-ZIP	BAYONET PT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD
1.2 NAME	Theresa O'Malley
1.3 STREET ADDRESS	3112 Apple Blossom Tr.
1.4 CITY-ST-ZIP	Spring Hill FL 34606
2.1 TITLE	SD
2.2 NAME	ANNA HART
2.3 STREET ADDRESS	8201 Red Cedar Drive
2.4 CITY-ST-ZIP	Port Richey FL. 34668
3.1 TITLE	P
3.2 NAME	timothy Burke
3.3 STREET ADDRESS	7434 Ashwood Drive
3.4 CITY-ST-ZIP	Port Richey FL. 34668
4.1 TITLE	VPD
4.2 NAME	John McLaughlin
4.3 STREET ADDRESS	8606 Indica Drive
4.4 CITY-ST-ZIP	Hudson FL. 34667-4118
5.1 TITLE	D
5.2 NAME	Sarah Fitzgerald
5.3 STREET ADDRESS	7434 Demure Ln
5.4 CITY-ST-ZIP	New Port Richey FL 34653-1654
6.1 TITLE	D
6.2 NAME	Arthur Lynch
6.3 STREET ADDRESS	7520 Venice Drive
6.4 CITY-ST-ZIP	Port Richey FL. 34654-6133

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: Theresa O'Malley DATE 4/2/98 813 842 1639

CR2E037 (10/97)