

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755753 (1)
 1. Corporation Name
SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA FL 33922	Mailing Address HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA FL 33922
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3. Date Incorporated or Qualified 12/31/1980	
4. FEI Number 59-2337724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" 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	

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

9. Name and Address of Current Registered Agent	
BOLDUC, THERESE 7728 FARRELL RD BOKEELIA FL 33922-8912	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 Therese L. Bolduc Treasurer 3-22-98
 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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, BETTY	1.2 NAME	Betty Bunn
STREET ADDRESS	HELEN RD	1.3 STREET ADDRESS	HELEN RD.
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	BOKEELIA FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, BERNARD	2.2 NAME	Bernard Doyle
STREET ADDRESS	CARPENTER RD	2.3 STREET ADDRESS	CARPENTER RD.
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLDUC, ROGER V	3.2 NAME	ROGER V.
STREET ADDRESS	7728 FARRELL RD	3.3 STREET ADDRESS	7711 FARRELL RD.
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, THERESE L	4.2 NAME	Therese L. Bolduc
STREET ADDRESS	7728 FARRELL ROAD	4.3 STREET ADDRESS	7728 FARRELL RD
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEITELSCHIES, JEAN	5.2 NAME	JEAN BEITELSCHIES
STREET ADDRESS	7602 HELEN ROAD	5.3 STREET ADDRESS	7602 HELEN RD.
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHALT, JOHANNES	6.2 NAME	MICHAEL O'DONNELL
STREET ADDRESS	15282 BUZZARD CUT ROAD	6.3 STREET ADDRESS	7664 FARRELL RD.
CITY-ST-ZIP	BOKEELIA FL	6.4 CITY-ST-ZIP	BOKEELIA FL 33922

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: Therese L. Bolduc Treasurer 3-22-98 941-2835687

CR2E037 (10/97)