## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 **POCUMENT #**Corporation Name 756811

(6)

| NEW N   | e of Business                             |                   | ON, INC.  |                       |                                       |                           |  |               |                                   |  |
|---|---|-------------------|---|-----------------------|---------------------------------------|---------------------------|--|---------------|-----------------------------------|--|
| 6800 NW 39 AV<br>RT. 2 BOX 823<br>COCONUT CRE   |   | RT. :             | 6800 NW 39 AVENUE<br>RT. 2 BOX 823 158<br>COCONUT CREEK. FLQ33073 33073 |                       |                                       |                           | 3. Date Incorporated or Qualified<br>03/17/1981<br>4. FEI Number<br>59-2145878   | E             | Applied For Not Applicable        |  |
| Principal Place of Business     21  |   |                   | 2a. Mailing Address<br>26   |                       |                                       |                           | 5. Certificate of Status Desired   |               | \$8.75 Additional<br>Fee Required |  |
| Suite, Apt. #, etc.   |   |                   | Suite, Apt. #, etc.   |                       |                                       |                           | Election Campaign Financing     Trust Fund Contribution  |               | \$5.00 May Be<br>Added to Fees    |  |
| City & State  23  Zip Country   |   |                   | City & State  28  Zip Country   |                       |                                       |                           | 7. Is this nonprofit corporation a homeowners association?  Yes No  8. This corporation owes or has paid the current year intangible |               |                                   |  |
| 24  | 25<br>9. Name and Address                 | 29                |   | 30                    | · · · · · · · · · · · · · · · · · · · |                           | <ol> <li>This corporation owes or has<br/>Personal Property Tax due Jui</li> <li>Name and Address of New I</li> </ol>                | ne 30. 🔲      | Yes No                            |  |
|   | 4. Maille Blick Modifies                  | Of Current Regist | ereo Agent  |                       | 1 Name                                |                           | D. Name and Address of New I   | Jegisteren Mg | Jeni                              |  |
|   |   | <b>~</b> .        | 0   | l°                    | i vane,                               | $\mathbf{R}_{\mathbf{a}}$ | ents, rathici  | a             |                                   |  |
|   | VIRGINIA                                  | Kaba              | <del>rts, late</del> «  | Fig. 8                |                                       | Address                   | (P.Q. Box Number is Not Accept   | nable) 46     | (/                                |  |
| RT 2 HB   | / 39 AVE LOT 264                          | عروه ما           | 5 rows H  | , CAVE   8            | 2                                     | <u>000</u>                |  |               |                                   |  |
|   | JT CREEK FL 33073                         | Casa Y            | 164<br>   | <del>- 19</del>       |                                       | M oDe                     | ut Creek, 11   | <u> 330</u>   |                                   |  |
|   |   | احداون            | 33e   | 3                     | 1                                     |                           | •  | 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 jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. |   |                   |   |                       |                                       |                           |  |               |                                   |  |
| SIGNATURE .   | ( ) . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 1               |   |                       |                                       |                           | . (. / 1)  | 4/21          | 198                               |  |
|   | Signature typed or printed hame of        |                   |   | OTE: Registered A     | gent signature                        | required wh               |  | DATE          |                                   |  |
| 12.   | OFFI                                      | CERS AND DIREC    |   | 13.                   |                                       | T-23                      | ADDITIONS/CHANGES TO OFF   |               |                                   |  |
| TITLE   | P HOODING TOAL                            |                   | DELETE  | 1.1 11111             |                                       | X                         | Language La  |               | Change L Addition                 |  |
| NAME  | WOODURY, JOAN                             | T 400             |   | 1.2 NAM               |                                       | ा 🗘                       | r4ssewitz, La  | urq           | et498                             |  |
| STREET ADDRESS  | 6800 NW 39 AVE LO                         |                   |   |                       | ET ADDRESS                            | 1                         | SCONUT Cree  | 3000 H        | 2 2 4 1 8                         |  |
| CITY-ST-ZWP<br>TITLE  | COCONUT CREEK FL<br>VPD                   |                   | DELETE  | 1.4 CITY<br>2.1 TITLE |                                       | <del>- '6</del>           | Scourt CLes  | K+K1          | TChange Addition                  |  |
| NAME  | BISHOP, RAY                               |                   | _ breeze  | 2.7 THE               |                                       | 'Y,                       | PD<br>Maria Sam  | <u>L</u>      |                                   |  |
| STREET ADDRESS  | 6800 NW 39 AVE LO                         | T 269             |   |                       | et address                            |                           | rocenic, Sam<br>6800 nw 39th (   | ave Lo        | + 20S                             |  |
| CITY-ST-ZIP   | COCONUT CREEK FL                          |                   |   | 2.4 City              | -                                     | }                         | Coconut Creek  | D) 32         | 3073                              |  |
| TITLE   | VPD                                       | <u> </u>          | ☐ DELETE  | 3.1 TITLE             |                                       |                           | PD -   | Ť             | Change Addition                   |  |
| NAME  | BRUSSEWITZ, LAURA                         |                   |   | 3.2 NAM               | ŧ                                     | l                         | lymmer Jeri  | -15           |                                   |  |
| STREET ADDRESS  | 6800 NW 39 AVE LO                         |                   |   | 3.3 STRE              | ET ADDRESS                            | 1                         | 600 417 30+r   | arde he       | ત્રં ગૂ                           |  |
| CITY-ST-ZIP   | COCONUT CREEK FL                          |                   |   | 3.4. CfTY             | -ST-ZIP                               | &                         | SOO MLY 39+N   | <u> </u>      | Thange □ Addition                 |  |
| TITLE   | SRA                                       |                   | DELETE  | 4.1 TOTAL             |                                       | ·SR                       | R  |               | ☐ Change ☐ Addition               |  |
| NAME  | DUBOIS, VIRGINIA                          |                   |   | 4. 2 NAM              | Ε                                     | R                         | shorts. Patrici  | a             |                                   |  |
| STREET ADDRESS  | 6800 NW 39 AVE LO                         |                   |   | 4.3 STRE              | ET ADDRESS                            | مَا ا                     | sports, Patrici  | LATILL        | 04                                |  |
| CITY-ST-ZIP   | COCONUT CREEK FL                          |                   | T DOLLEY  | 4.4 CITY              |                                       | ارد                       | sconkt dreek   | 1 2 2         | <u> </u>                          |  |
| TITLE   | OLOTEO SUSU                               |                   | ☐ DELETE  | 5.1 TITLE             |                                       | T                         | . 0 .  | L             | Change Addition                   |  |
| NAME  | CARTER, RUBY                              | T 400             |   | 5.2 NAM               | _                                     | Qc                        | inter Kuby   | ave L         | COT DE TO                         |  |
| STREET ADDRESS  | 6800 NW 39 AVE LOT                        |                   |   |                       | ET ADDRESS                            | ہا                        | 2800 11 W 344 1  | ``X`~         | 2412                              |  |
| CITY-ST-ZIP<br>TITLE  | COCONUT CREEK FL                          | ·                 | DELETE  | 5.4 CITY<br>6.1 TITLE |                                       |                           | gocount Great  | 151 7         | Change Addition                   |  |
| NAME  |   |                   | _ veete   | 6.2 NAM               |                                       |                           |  | <u>L</u>      | T AVENUES FOR LOCATION            |  |
| STREET ADDRESS  |   |                   |   |                       | ET ADDRESS                            | ĺ                         |  |               |                                   |  |

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:

**FILED** 

May 13 1998 8:00am

Secretary of State