FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

756849

(6)

	NESE GARDENS HOMEOWN	Mailing Address	NC.		
		2		1	
		6181 TEAHOUSE ROAD VENICE FL 34293-6986			
				3. Date Incorporated or Qualified 03/19/1981	3a. Date of Last Report 03/11/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2080104	Not Applicable
Suito, Apt	#, e(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for it	
24	25		30		Yes No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
לים ואע	AK, CHARLES				
	EAHOUSE RD		82 Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
	FL 33595		83		
72.1102			04		· · · · · · · · · · · · · · · · · · ·
			84 City		FL 85 Zip Code
11. Pursuant office or i agent. La	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig-	2 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Florida	s, the above-named countries the corporation of the	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typical or printed name of registered age	ord and title if applicable (NOTE	Registered Agent signature re-	Cuired when spiretaling)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	<u></u>
TITLE	8	DELETE	11 TITLE		Change Addition
NAME	SHONGOOD, RUTH J.E	_	1.2 NAME		1
STREET ADDRESS	500 MORNING GLORY DRIVE	į.	1.3 STREET ADDRESS		J
CITY - ST - ZIP	VENICE FL	-	1.3 STREET ADDRESS		
TITLE			14 CITY-ST-ZIP		
4144AT	P WALCZAN CHADIES	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME OFFICE ANTIBLISE	WALCZAK, CHARLES		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR		14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
STREET ACCURESS CITY+ST-7IP	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL		1 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
STREET ADDRESS	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL D	☐ DELETE	1 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY+ST-ZIP TITLE	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL	☐ DELETE	1 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL D POUDRIER, HERVE	☐ DELETE	1 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY - ST - 7IP TITLE NAME	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL D POUDRIER, HERVE 6211 DAFFODIL ROAD	☐ DELETE	1 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP	WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL D POUDRIER, HERVE 6211 DAFFODIL ROAD VENICE FL D BOWSER, GEORGINA	☐ DELETE	1 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
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<u>Venice, FL</u> 14. I do 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 eath; 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 changer, or on an attachment with an address.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

651 IRIS

VENICE FL

5631 Orange Blossom

FILED

Mar 24 1997 8:00am

Secretary of State

941-493-0033 Daytime Phone • 0064802