## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZW

(O)

THE COURTVARING OF CARE CORAL COUTH COMPONING A

SSOCIATION, INC.							
Principal Place	of Business	Mailing Address			i radin jadar ekiti radan ehile setin jada diban en	AN BANN ANDL DINK DINK INCL	
1500 S.W. COUNTYARDS TERR CAPE CORAL FL 33914 US		1500 S.W. COUNTYARDS TERR CAPE CORAL FL 33914 US		3. Date Incorporated or Qualified 04/16/1981			
68		US			4. FEI Number	Applied For	
					59-2227631	Not Applicable	
2. Principal Pi	ace of Business	2e. Mailing Address 26	E		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu		
24 *	25	29 3	<u>ol</u>			Yes 🔯 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O							
TETR					TRA CRUZ		
WOLFF, OSCAR 1523 S.W. 52ST LANE			Street Andress (P.O. Box Number is Not Acceptable)				
#208					ASOUSI-LANCa	20 1	
CAPE CORAL EL 22014							
La chiy CA					<u>Pe Corm                                    </u>	- 85 Zip Code 4	
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 and accept the purpose of changing its registered agent. I and accept the purpose of changing its registered agent.							
SIGNATURE POLO CUZ 2:25-98							
12.	OFFICERS:	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	TA DELETE	1.1 TITLE	Y10	CE PRESIDENT	Change Addition	
NAME	PETERS, STEVE		1.2 NAME	100	effery Betz 509 SW 513 LN#148		
***************************************			1.3 STREET A	DORESS	109 300 51- LN 11-10 100 Coeal FL 33914		
CITY.ST.7NP	CAPE CORAL FL		14 City-St-	.712   ('2,1Q)	Me (Seal to ろうづけ		

DELETE 2.1 TITLE Change Addition DIRECTOR NAME WOLFF, OSCAR 2.2 NAME VIC CSERNOTTA 1410 SW 50th ST. # 4A CAPE CORAL F. 23 STREET ADDRESS 1523 SW 51ST LANE, SUITE 206 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 City-St-ZiP DELETE 3.1 TITLE TITLE FOURNIER, TIM 3.2 NAME PAULINE MULLEDY MALE 5120 SW COURTYARD'S LANE #89 5119 S.W. COUNTYARD LANE, #39 3.3 STREET ADDRESS STREET ADDRESS CAPE CORAL CAPE CORAL FL <u> 33914</u> 3.4. CITY-ST-ZIP CITY-ST-ZIP BECRETARY-TREASURER BONNIE LANDER TITLE DELETE 4.1 TITLE NAME LANDER, BONNIE 4. 2 NAME 503 SW 51 LAVE \$205 P.O. BOX 150935 N/A STREET ADDRESS 4.3 STREET ADDRESS FT. MYERS FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE RESIDENT PETRA CRUZ CRUZ, PETRA 5.2 NAME 1503 SW 51 LANE #807 STREET ADDRESS P.O. BOX 151607 N/A 5.3 STREET ADDRESS CAPE CORAL FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 chapped, or on an attachment with an address.

BONDIE LANDER 2:25-98

**FILED** 

Apr 14 1998 8:00am

Secretary of State