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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760722

1. Corporation Name

SPRING HILL ALERT RESIDENTS PATROL, INC.

123150 - 90062 - 32

Principal Place of Business

PO BOX 3422
SPRING HILL FL 34606

Mailing Address

PO BOX 3422
SPRING HILL FL 34606



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/16/1981

4. FEI Number

59-2296977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEITZ, DAVID
1208 KENLAKE AVE
SPRINGHILL FL 34608

10. Name and Address of New Registered Agent

81 Name Gary Mangiaracina
82 Street Address (P.O. Box Number is Not Acceptable)
7132 Lockwood Street
83
84 City Springhill FL 85 Zip Code 34606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME HEITZ, DAVID P
STREET ADDRESS 109 DAWSON AVE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE VP ☒ DELETE
NAME MYERS, HELEN
STREET ADDRESS 6410 TALBOT CIR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE SD ☒ DELETE
NAME BURRY, GEORGETTE T.
STREET ADDRESS 9189 ELIDA RD.
CITY-ST-ZIP SPRING HILL FL 34606

TITLE TD ☐ DELETE
NAME AKERS, GWEN L.
STREET ADDRESS 11509 SPRINGHILL DR.
CITY-ST-ZIP SPRINGHILL FL 34609

TITLE D ☐ DELETE
NAME KOHLER, DANIEL
STREET ADDRESS 12476 AGATHA LANE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
NAME Gary Mangiaracina
1.2 NAME
1.3 STREET ADDRESS 7132 Lockwood Street
1.4 CITY-ST-ZIP Springhill, FL. 34606

2.1 TITLE VP ☒ Change ☐ Addition
NAME Ray C. Nemezio
2.2 NAME
2.3 STREET ADDRESS 11280 Captain Drive
2.4 CITY-ST-ZIP Springhill, FL. 34608

3.1 TITLE SD ☒ Change ☐ Addition
NAME Carmella Gregory
3.2 NAME
3.3 STREET ADDRESS 178 Baton Avenue
3.4 CITY-ST-ZIP Springhill, FL. 34606

4.1 TITLE TD ☐ Change ☐ Addition
NAME Gwen L. Akers
4.2 NAME
4.3 STREET ADDRESS 11509 Springhill, Drive
4.4 CITY-ST-ZIP Springhill, FL. 34609

5.1 TITLE ☐ Change ☐ Addition
NAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
NAME
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99

686-4668

CR2E037 (11/98)