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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 766437

1. Corporation Name

AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

RUBY JONES
 POST OFFICE BOX 2046
 LABELLE FL 33935
 US

Mailing Address

P.O. BOX 2046
 LABELLE FL 33935
 US



2. Principal Place of Business

21 **Emily Lane Bruce**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **Post Office Box 2046**

27 City & State

23 **LaBelle, FL**

28 Zip

24 **33975** 25 **Hendry**

29 Country

3. Date Incorporated or Qualified

01/06/1983

4. FEI Number

59-2348480

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

JONES, RUBY
 900 HICKPOOCHEE AVENUE, LOT C-08
 LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name

Emily Lane Bruce

82 Street Address (P.O. Box Number is Not Acceptable)

900 W. Hickpooshee, G-1

83

84 City

LaBelle

FL

85 Zip Code

33935

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

Emily Lane Bruce

Emily Lane Bruce

1-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
 NAME **MACKE, VERNON H**
 STREET ADDRESS **900 HICKPOOCHEE E19**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **S**
 NAME **EMILY LANE BRUCE**
 STREET ADDRESS **900 HICKPOOCHEE G1**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D**
 NAME **KEITH MEIER**
 STREET ADDRESS **900 HICKPOOCHEE AVENUE, LOT B-17**
 CITY-ST-ZIP **LABELLE FL**

TITLE **T**
 NAME **BLACK, DEWIE E.**
 STREET ADDRESS **900 HICKPOOCHEE AVENUE LOT G-13**
 CITY-ST-ZIP **LABELLE FL**

TITLE **D**
 NAME **SHIRLEY BALDWIN**
 STREET ADDRESS **900 HICKPOOCHEE AVENUE, LOT A-03**
 CITY-ST-ZIP **LABELLE FL**

TITLE **D**
 NAME **MORLOCK, WILLIAM**
 STREET ADDRESS **900 HICKPOOCHEE AVENUE, LOT G-05**
 CITY-ST-ZIP **LELL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME **Treasurer**
 4.3 STREET ADDRESS **MAX Decker**
 4.4 CITY-ST-ZIP **900 W. Hickpooshee, A-16**
LaBelle, FL 33935

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

6.1 TITLE ☐ Change ☒ Addition
 6.2 NAME **Director**
 6.3 STREET ADDRESS **Abie Kerr**
 6.4 CITY-ST-ZIP **900 W. Hickpooshee, H-6**
LaBelle, FL 33935

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:

Emily Lane Bruce

SIGNATURE REQUIRED

1-18-99

(941) 674-4715

Date

Daytime Phone #

CR2E037 (11/98)