SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1998				Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					į	Jul 16 1998 8:00am Secretary of State			
DOCUMENT # 768999 (5) L.O.V.O. CONDOMINIUM ASSOCIATION, INC.													
Principal Place of Business Malling Address													
									O Date land and the Court of				
U.S. 192 WES 7770 W IRLO KISSIMMEE F	BRONSON A	IEM HWY		U.S. 192 WEST 7770 W IRLO BRONSON MEM HWY KISSIMMEE FL 34748					-	3. Date Incorporated or Qualified 06/20/1983 4. FEI Number 50 0040744	Applied Fo		
2. Principal Place of Business 2a. Mailing Address									59-2942714 Not Applicable Secret Status Desired \$8.75 Additional				
21				26						5. Certificate of Status Desired	Fee Required	aı	
Suite, Apt.	#, elc.			Suite, Apl. #, etc.					ĺ	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?  V Yes No			
2ip 211111	Country 25			29 34747 30			Country			This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.			
	9. Name		ress of Current I		red Agent	130	T-			0. Name and Address of New Registered		-	
LIFETIME OF VACATION MOMT INC 7770 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747							81 82 83 84	Name Street City		(P.O. Box Number is Not Acceptable)	85 Zip Code		
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the							OVE-n	amed co	rporatio	submits this statement for the purpose of change of directors.	anging 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		e of registered agent ar				Registered Agent signature require		re required				
12.			OFFICERS AND	ID DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS A		12	
TITLE	D			☐ DELETE			TITLE				Change Add	dition !	
NAME	STEWARI						NAME		ss 47 Arian Ave			į,	
STREET ADDRESS	47-ADRIA							ADDRESS	90 m 1V mV 3			Į.	
CITY-ST-ZIP	BRONX N	<u> </u>					CITY-S1		BR	MX, NY 10463		]	
TITLE	D	114501			DELETE	2.1	TITLE		R.	LOFF HAROLD Clark St.	Change Add	dition (	
	BULLOFF					2.2	NAME		Do	Aladi Ch			
STREET ADDRESS			OT HUAD			2.33	STREET	ADDRESS	ĬO.	Hand ME 04102		-	
CITY-ST-ZIP	WATERBO D	NO ME			<u> </u>		CITY-ST	-ZIP	401	riand, mE 04102			
NAME	BLAISSE,	LADDV			DELETE		NAME				Change Add	dition	
STREET ADDRESS	1329 COL		10			1		ADDRESS	1			Ì	
	CONSHO						CITY-ST	- ADDRESS	Cast	shohocken, Pa 19421	?	1	
CITY-ST-ZIP	D	JILH I	<del></del>		DELETE		TITLE	-217	223	SHOTIOCKE TITLE		dition	
NAME	GARFINKI	F DAVI	1			- 1	NAME				TI cusulda TI voc	JIIOII	
STREET ADDRESS	1111 LING							ADDRESS	1				
CITY-ST-ZIP	MIAMI BO				•		CITY-S1		1				
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NAME	GRANATS	TEIN. DO	NALD		C DELETE		NAME					,,,,,,,	
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CITY-ST-ZIP	MIAMI BC						CITY-ST						
TITLE		<del></del>	<del></del>		DELETE		TITLE				Change Add	dition	

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 trueted 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 or an attachment with an address.

SIGNATURE:

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

3a-138 sus

**FILED**