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 #

769980

(4)

HOMEOWNERS ASSOCIATION, INC. NEW YORK AREA

Malling Address Principal Place of Business 22184 ONEIDA AVE. 3. Date Incorporated or Qualified 22184 ONEIDA AVE. 00/25/1983 4. FEI Number Applied For 33-6146053 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite Apt #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing **\$5.00** May Be 22184 ONE IDA Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 PORTCHARLOTTE Yes No 28 Country 8. This corporation owes or has paid the current year Intang ble 2 25 CHARLOTIC 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name GRAVAGNA, TOM Street Address (P.O. Box Number is Not Acceptable) 22192 ONEIDA AVE. 83 PT CHARLOTTE FL 33952 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE GRAVAGNA, TOM 12 NAME NAME 22192 ONEIDA AVE. 1.3 STREET ADDRESS STREET ADDRESS PT CHARLOTTE FL 33952 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE LINGUSKY, ROY D. NAME 2.2 NAME 22184 ONEIDA AVE. STREET ADDRESS 2.3 STREET ADDRESS PT CHARLOTTE FL 33952 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition SEUY. TITLE 3.1 TITLE **BACHMANN, DORIS** NAME 3.2 NAME PRIER. BOB 3473 GREAT NECKST. 22181 NEW YORK AVE. STREET ADDRESS 3.3 STREET ADDRESS PT CHARLOTTE FL 33952 3.4. CITY-ST-ZIP PORT CHARLOTTE FL 33957 CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE LINGUSKY, LORRINE 4. 2 NAME NAME 22184 ONEIDA AVE. 4.3 STREET ADDRESS STREET ADDRESS PT CHARLOTTE FL 33952 4.4 CITY-ST-ZIP 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 arn 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

GRAVAGNA, RITA

THOMPSON, NEIL

22198 NEW YORK AVE

PT CHARLOTTE FL 33952

22192 ONEIDA AVE.

PT CHARLOTTE FL 33952

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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DELETE

DELETE

march 17, 1998

☐ Change

Change

Addition

Addition

FILED

Mar 24 1998 8:00am

Secretary of State