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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 769980

1. Corporation Name
HOMEOWNERS ASSOCIATION, INC. NEW YORK AREA

Principal Place of Business	Mailing Address
22184 ONEIDA AVE. 22184 ONEIDA AVE PORT CHARLOTTE FL 33952 US	22184 ONEIDA AVE. PT CHARLOTTE FL 33952 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/25/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 33-6146053 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRAVAGNA, TOM
22192 ONEIDA AVE.
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: LINGUSKY, ROY D.
82 Street Address (P.O. Box Number is Not Acceptable): 22184 ONEIDA AVE
83
84 City: PT CHARLOTTE FL 85 Zip Code: 33952

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: Roy D. Lingusky — DATE: 3/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GRAVAGNA, TOM		1.2 NAME	LINGUSKY, ROY D.	
STREET ADDRESS	22192 ONEIDA AVE.		1.3 STREET ADDRESS	22184 ONEIDA AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	LINGUSKY, ROY D.		2.2 NAME	HANK, WALTER	
STREET ADDRESS	22184 ONEIDA AVE.		2.3 STREET ADDRESS	22189 NEW YORK AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952		2.4 CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRIER, BOB		3.2 NAME		
STREET ADDRESS	33473 GREAT NECK ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL 33952		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	LINGUSKY, LORRINE		4.2 NAME	COVERT, JANET T.	
STREET ADDRESS	22184 ONEIDA AVE.		4.3 STREET ADDRESS	22197 NEW YORK AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952		4.4 CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAVAGNA, RITA		5.2 NAME		
STREET ADDRESS	22192 ONEIDA AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL 33952		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, NEIL		6.2 NAME		
STREET ADDRESS	22198 NEW YORK AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL 33952		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Janet T. Covert SIGNATURE REQUIRED Treasurer — 3-9-99 — (941) 627-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANET T COVERT