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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770137** (8)

1. Corporation Name

NORTHEAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 70303
OCALA FL 34470

P.O. BOX 70303
OCALA FL 34470
US

3. Date Incorporated or Qualified

08/11/1983

4. FEI Number

59-2445171

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASSO, PATRICIA
3140 NE 49TH ST
OCALA FL 34479

81 Name

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

83

84 City

FL

85

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

Patricia Sasso

PATRICIA SASSO, PRESIDENT

1-25-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

SASSO, PATRICIA

STREET ADDRESS

3140 NE 49 ST

CITY-ST-ZIP

OCALA FL

TITLE

VP

☒ DELETE

NAME

KEELE, ADEN

STREET ADDRESS

4231 NE 22ND CT

CITY-ST-ZIP

OCALA FL

TITLE

S

☒ DELETE

NAME

GALAPO, ELLEN

STREET ADDRESS

4340 NE 25TH AVE

CITY-ST-ZIP

OCALA FL

TITLE

T

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NAME

GALLAGHER, TERESA

STREET ADDRESS

3580 NE 43RD PL

CITY-ST-ZIP

OCALA FL

TITLE

D

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NAME

MAUTNER, HOWARD

STREET ADDRESS

3150 NE 36 AVE., #166

CITY-ST-ZIP

OCALA FL

TITLE

D

☒ DELETE

NAME

GALAPO, HARLEEN

STREET ADDRESS

3580 NE 43RD PL

CITY-ST-ZIP

OCALA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE:

Patricia Sasso

1-15-98 (32) 629-1935

CR2E037 (10/97)