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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770783** (9)

1. Corporation Name

**TROUT LAKE VILLAGE HOMEOWNERS ASSOCIATION, UNIT 1, INC.**

Principal Place of Business

Mailing Address

% 620 E. TARPON AVE.  
TARPON SPRINGS FL 34689

% 620 E. TARPON AVE.  
TARPON SPRINGS FL 34689



3. Date Incorporated or Qualified

**10/17/1983**

4. FEI Number

**59-2625886**

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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLL, DONALD E.  
115 SOUTH SPRING BLVD.  
TARPON SPRINGS FL 33589

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SCHOLL, JANE C.  
STREET ADDRESS 115 SOUTH SPRING BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VST ☐ DELETE

NAME SCHOLL, DONALD E.  
STREET ADDRESS 115 SOUTH SPRING BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME SCHOLL, DONALD E.  
STREET ADDRESS 115 SOUTH SPRING BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME PHILO, PATRICIA J.  
STREET ADDRESS 1024 FORBES TRACE  
CITY-ST-ZIP TARPON SPRINGS, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SCHOLL, DONALD E.  
1.3 STREET ADDRESS 115 S. Spring Blvd.  
1.4 CITY-ST-ZIP Tarpon Springs, Fla. 34689

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D  
5.3 STREET ADDRESS GALLAS, CLARICE A.  
5.4 CITY-ST-ZIP 9906 Gray Fox Lane  
Port Richey, FL 34668

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*[Signature]* **FILED**

**1/6/98 813937-3111**

CR2E037 (10/97)