FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name											
LA VIVA HOMEOWNERS' ASSOCIATION, INC.							ļ				
En THA HOMEOTHER ACCOUNTION, NO								Í (1886) (1886) (1886) (1886) (1886) (1886)	JAN OLAH BIRLI DI		10(1 1(6)) (01)
Principal Plac	Principal Place of Business			Mailing Address				1 180411 18011 18001 11801 11811)III 1881 - 1811 - 1	### B1811 W1811 W.	181) Biffli 1881
PO BOX 0104				PO BOX 0104				3. Date Incorporated or Qualifie	∌d		
BRANDON FL 33509-7104			BRANDON FL 33509-7104				11/04/1983				
[4. FEI Number			oplied For	
4 57227.275		·						59-2363464			ot Applicable
2. Principal Place of Business			-	2a. Mailing Address				5. Certificate of Status Desired			Additional
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.				Election Campaign Financing	~	\$5.00	equired	
22	*,	27					Trust Fund Contribution		Added to		
City & Stat	te			City & State				7. Is this nonprofit corporation a			
23			28					Yes No			
Zip	\vdash	Country	-	Zip	Coun	try	ļ	8. This corporation owes or has			
24 25 29 3 9. Name and Address of Current Registered Agent					30			Personal Property Tax due Ju 10. Name and Address of New			_l No
 	9. Maille allu	Address of Curr	ent Megiau	ated Whalir		Name		• • • • • • • • • • • • • • • • • • • •			
DEUD !	LEMI BEADE LI						OH	UW STEFFER	NAN	VK	
	WILLIAM H RADO CT				1	Street	Addres	ess (P.O. Box Number is Not Acceptable)			
	ON FL 33511				7	B3					
D	JIV 1 L 00011				ŀ.	- 1 - 2% - 6				1 7:-	X
					i	B4 City 7	BR	ANDON	FL	_ 85 Zip	Code 5 5 / /
11. Pursuant	to the provisions	of Sections 617.0	502 and 61	7.1508, Florida Statu	ites, the about	ove-named	corpo	ration submits this statement for th	ne purpose o	of changing it	ts registered
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 JOHN M. 1/3/5/5/5/NASU TO TREASURSE A Signature, typed or printed name of registered agent and tills ill applicable. (NOTE: Registered Agent algebrare reg								W/Hy flu ng	MAC ONTE	2/0	2/98
12.				AND DIRECTORS 13.			9 ISAmen	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	3S IN 12
TITLE	PD	······································		DELETE	1.1 411	1.1 WILE			· · · · · · ·	Change	Addition
NAME	GEHO, WILL	LIAM		12		1.2 NAME					ļ
STREET ADDRESS				1.3 STREET ADDRESS			[
CITY-ST-ZIP				1.4 City-							
TITLE	VD			E DELETE				D		Change	Addition
NAME	GOMM, JERRY							AILEY, WILLAM	-		
STREET ADDRESS								OF DORNO COURS			
CITY-ST-ZIP				DELETE		2.4 CITY-ST-ZIP		NVINDEN, 1-4 33	3//	Change	I I Addition
TITLE	SD CATES DODIS S			L. Deceie						☐ Change	Addition
NAME CENTER ADDRESS	SCATES, DORIS S TADDRESS 716 DORADO CT					3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	004110011 Pt 00044										
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	TD		DELETE		3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME	HEFFERN G N, JOHN					4. 2 NAME					
STREET ADDRESS 710 LOMA LINDA CT					4.3 STREET ADDRESS						
CITY-ST-ZIP	BRANDON F					Y-ST-21P	1				
TITLE	VD			DELETE						☐ Change	Addition
NAME					5.2 NAM	AE					
STREET ADDRESS	İ				5.3 STR	EET ADORESS	1	•			
CITY-ST-ZIP					5.4 CIT	Y-ST-ZIP	↓				
TITLE				DELETE	6.1 TITL					Change	☐ Addition
NAME					6.2 NAM		-				
STREET ADDRESS	}				6.3 STR	EET ADDRESS	İ				

I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

CITY-ST-ZIP

2/22/98

FILED

Mar 02 1998 8:00am

Secretary of State