## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 771107**

1. Corporation Name

TITLE

NAME

STREET ADDRESS

LA VIVA HOMEOWNERS' ASSOCIATION, INC.

## **FILED** May 04, 1999 8:00 am § Secretary of State

05-04-1999 90044 038 \*\*\*\*61.25

Principal Place of Business Mai	ling Address				•	
PO BOX 0104 PO BOX 0104						
BRANDON FL 33509-7104 BR/	NDON FL 33509-7104					
· ".						
Principal Place of Business     2a.	Mailing Address			Date Incorporated or Qualifed	<del></del>	
21 26				11/04/1983		
	<b>—</b>			4. FEI Number 59-2363464	<del></del>	lied For
22 27				3972303404		Applicable
	City & State			5. Certificate of Status Desired	<b>٦٥./ ۶</b> ٠. تخت Fee Red	dditional 🚤
	Country Zip		ntry	6 Fleation Compaign Financing		
	_	10	iiu y	6. Election Campaign Financing Trust Fund Contribution	Added to	
25 25 29 3. Name and Address of Current Regist		<u> </u>	<del> </del>	10. Name and Address of New Registe		
Italia bud vaniess of caught velist	A 1 . 1 . 1 . 1 . 1		81 Name			
LICECCOMAN IOUNIN ID			17/		Ja	
HEFFERNAN, JOHN W. JR.			82 Street 7/0	Address (P.O. Box Number is Not Acceptable)  LOMA 2 NOB COURT		
740 LUMA LINDA CT			83			
BRANDON FL 33511						
			84 City	BRANDON	FL 85 Zip C	ode []]
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 61 office or registered agent or both, in the State of Florida agent. I am familiar with, and accept the obligations of,</li> </ol>	7.1508, Florida Statutes	s, the at	ove-named	corporation submits this statement for the purpos	e of changing its r	egistered
office or registered agent er both, in the State of Florida	<ol> <li>Such change was aut Section 617 0503. Florid</li> </ol>	horized	by the corp	oration's board of directors. I hereby accept the a	ppointment as reg	istered
Charles Santa		- CILL		4/2	8/99	
SIGNATURE Signature, typed or printed name of registers agent and title if	applicable. (NOTE: F	Registered	Agent signature	required when reinstating) DAT	E	
12. OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFICER:		
mue PD-	DELETE	1.1 TR	LE		Change	☐ Addition
NAME GEHO, WILLIAM		1.2 NA	ME			
STREET ADDRESS 709 DORADO-CT		1.3 ST	REET ADDRESS	•		
CITY-ST-ZIP BRANDON-FL 33511			ry-st-zip		ATA Channa	
TITLE VD	☐ DELETE	2.1 TIT		\$.0	Change *	Addition
NAME BAILEY, WILLIAM		2.2 NA				
STREET ADDRESS 706 DORADO COURT			REET ADDRESS			i
CITY-ST-ZIP BRANDON FL 33511	53 pc; 575		TY-ST-ZIP.		☐ Change	X Addition
TITLE SD	<b>⊠</b> DELETE	3.1 TIT	_	D SCATES CANAL	□ ouange	ST VOUIDON
NAME SCATES, DORIS S		3.2 NA	ME	1 J W/7 J GTS (L/7/8/A V )		
				7/6 70 110		
STREET ADDRESS 7 16 DORADO CT		3.3 ST	REET ADDRESS	716 DORADO CT		
STREET ADDRESS 716-DORADO CT CITY-ST-ZIP BRANDON FL 33511	. O perete	3.3 ST 3.4. C	TY-ST-ZIP	716 DORADO CT BRANDON, FL 33511	DR Change	☐ Addition
STREET ADDRESS   716-DORADO CT	☐ DELETE	3.3 ST 3.4. CI 4.1 TH	TY-5T-ZIP DE	D SCATES, CARRYS 716 DORADO CT BRANDON, FY 33511 PD	<b>⊘</b> .Change	☐ Addition
STREET ADDRESS 716-DORADO CT CITY-ST-ZIP BRANDON-FL-33511 TITLE TD NAME HEFFERNAN, JOHN	☐ DELETE	3.3 ST 3.4. CI 4.1 TH 4. 2 No	TY-ST-ZIP LE AME	PD DORADO CT BRANDON, FL 335"	<b>⊘</b> Change	☐ Addition
STREET ADDRESS 716-DORADO CT CITY-ST-ZIP BRANDON FL-33511 TITLE TD: NAME HEFFERNAN, JOHN STREET ADDRESS 710 LOMA LINDA CT	☐ DELETE	3.3 ST 3.4. CI 4.1 TH 4. 2 No 4.3 ST	TY-ST-ZIP D.E AME REETADORESS	PD DORADO CT BRANDON, FL 33511	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO  HEFFERNAN, JOHN 710 LOMA LINDA CT BRANDON FL 33511		3.3 ST 3.4. CI 4.1 TH 4.2 No 4.3 ST 4.4 CI	TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD  HEFFERNAN, JOHN 710 LOMA LINDA CT BRANDON FL 33511 TITLE  V D	☐ DELETE	3.3 ST 3.4. CI 4.1 TH 4.2 No 4.3 ST 4.4 CD 5.1 TH	TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE	VD.	Change ☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME HEFFERNAN, JOHN STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 TITLE VD NAME BOLSSAVERULT Labord		3.3 ST 3.4. CI 4.1 TH 4.2 N/ 4.3 ST 4.4 CF 5.1 TH 5.2 N/	TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE MME	VD BUSSONEAULT LLOYD		
STREET ADDRESS CITY-ST-ZIP TITLE TD  NAME HEFFERNAN, JOHN STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511  TITLE  V D		3.3 ST 3.4. CI 4.1 TH 4.2 N/ 4.3 ST 4.4 CI 5.1 TH 5.2 N/ 5.3 ST	TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE	VD BUSSONEAULT LLOYD		

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, with all other like empowered.

6.4 CITY-ST-ZIP

8.3 STREET ADDRESS

6.2 NAME

☐ DELETE

4/28/99 (813)689-6078

TD WORMAN, JANET

JOJ LOMA LINDA CT.

BRINDON, FL 33511