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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000806 (0)**  
1. Corporation Name

**NATIONAL COMMUNITY CORPORATION**



Principal Place of Business <b>150 ARROWHEAD CIRCLE JUPITER FL 33458 US</b>	Mailing Address <b>P.O. BOX 8571 JUPITER FL 33468 US</b>
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3. Date Incorporated or Qualified

**03/17/1993**

4. FEI Number

**39-1621969**

Applied For

Not Applicable

2. Principal Place of Business

21 **17722 Bridle Lane**

Suite, Apt. #, etc.

22

City & State

23 **Jupiter, FL**

Zip

24 **33478**

Country

25 **US**

9. Name and Address of Current Registered Agent

**TRIMBLE, LYNN  
150 ARROWHEAD CIRCLE  
JUPITER FL 33458**

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **Same**

City & State

28

Zip

29

Country

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

10. Name and Address of New Registered Agent

81 Name

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

**17722 Bridle Ln**

83

City

**Jupiter**

FL

85 Zip Code

**33478**

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 **CP** ☐ DELETE

NAME **TRIMBLE, LYNN**  
STREET ADDRESS **150 ARROWHEAD CIRCLE**  
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE

NAME **KRISIK,**  
STREET ADDRESS **1621 MULLEN WAY**  
CITY-ST-ZIP **ARKKANSAS KA**

TITLE **D** ☐ DELETE

NAME **CAROLINE, HOLLANDER**  
STREET ADDRESS **10230 HUNT CLUB DR**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33910**

TITLE **V** ☐ DELETE

NAME **TRIMBLE, LARRY**  
STREET ADDRESS **150 ARROWHEAD CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **T** ☐ DELETE

NAME **KRISIK, STEVE**  
STREET ADDRESS **P O BOX 14 N/A**  
CITY-ST-ZIP **GENOA CITY WI**

TITLE **S** ☐ DELETE

NAME **KRISIK, JOE**  
STREET ADDRESS **1621 MULLEN WAY**  
CITY-ST-ZIP **ARKKANSAS KA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**17722 Bridle Ln  
Jupiter, FL 33478**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Krisik, Jan**

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

**17722 Bridle Ln  
Jupiter, FL 33478**

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

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:

*Lynn Trimble*

2/4/98

561  
745-1779

CR2E037 (10/97)