Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90112 032 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNÚAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # COAO

 Corporation 	NE OWNERS ASSOC. INC.	•			
Principal Place	of Business	Mailing Address			ATTIL BURST BIRDLE BIRDLE BIRDLE SON
274 LAMPLIGHTER DR 274 LAMPLIGHTER DR MELBOURNE FL 32934 MELBOURNE FL 32934				DO NOT WRITE IN THI	IS SPACE
•				3. Date Incorporated or Qualifed 03/21/1984	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2505033	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	e e en	City_& State -=	The second second	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	
24	25	29	30	Personal Property Tax.	X (Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	1 Agent
KNUDTSON, ED 411 WYCLIFF CT MELBOURNE FL 32934			81 Name 82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
				F	—
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au	thorized by the corpor	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the appropriate the submits of the submits o	ointment as registered
SIGNATURE	8 a Knud			. Knudtson, Jr Quired when reinstating) DATE	3/29/99
12.	Signature, typed or printed flame of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Director	☐ Change
NAME	EITNERM LORRIANE		1.2 NAME		~
STREET ADDRESS	387 LAMPLIGHTER DRIVE		1.3 STREET ADORESS	Ralph Buescher	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	145 Woodbridge Ct. Melbourne, Fl. 32934	
TITLE	P	☐ DELÉTE	2.1 TITLE	Helbourne, Litabers	☐ Change ☐ Addition
NAME	KNUDTSON, ED		2.2 NAME		
STREET ADDRESS	411 WYCLIFF STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP		
-me	-VP	~ · DELETE	3.1-TITLE	The rest of the second of the	Change - Addition
NAME	KOHAN, DOROTHY		3.2 NAME		İ
STREET ADDRESS	266 WESTVIEW COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		Change Addition
NAME .	Stedman, don		4. 2 NAME		•
STREET ADDRESS	195 WILINDA CT		4.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	S ,	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, DONNA		5.2 NAME		}
STREET ADDRESS	274 LAMPLIGHTER DR		5.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MELBOURNE FL	₩ 7	5.4 CITY-ST-ZIP		☐ Change
TTLE	D .	DELETE	6.1 TITLE	Director	☐ Change
NAME	BISSON, CONRAD		6.2 NAME	Jean DeCarlo	

63 STREET ADDRESS
MELBOURNE FL

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 607, 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.



E.A. Knudtson, Jr. 3/29/99 407-259-9033

Jean DeCarlo