

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90093 049 ***150.00

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DOCUMENT # J17066

1. Corporation Name

JETER STREET W I HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

3301 ALTERNATE 19
LOT 510
DUNEDIN FL 34698
US

Mailing Address

3301 ALTERNATE 19
LOT 510
DUNEDIN FL 34698
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1986

4. FEI Number

59-2687241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MALLER, KAREN E ESQ
BARNETT TOWER ONE PROGRESS PLAZA
SUITE 1210
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
MALLER, KAREN E. ESQ

82 Street Address (P.O. Box Number is Not Acceptable)
NATIONSBANK TOWER ONE PROGRESS PLAZA

83 SUITE 1210

84 City
ST. PETERSBURG

FL

85 Zip Code
33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	GARVEY, CLIVE	3301 ALTERNATE 19 -- 443	DUNEDIN FL 34698	
VD	STRATTON, NORMA	3301 ALTERNATE 19 - 128	DUNEDIN FL	
TD	SARVER, SPENCER	3301 ALTERNATE 19-510	DUNEDIN FL	
D	LEBLANC, NORMAN	3301 ALTERNATE 19-317	DUNEDIN FL	
SD	LENARD, MARGARET	3301 ALTERNATE 19 -- 512	DUNEDIN FL 34698	
D	WALTERS, GEORGE	3301 ALTERNATE 19-606	DUNEDIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SPENCER SARVER, Treasurer

SPENCER SARVER 2/17, 1999

Date

Daytime Phone #

727-786-2441

CR2E034 (11/98)