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

FILED						
Feb 06 199	8 8:00am					
Secretary	of State					

DOCU 1. Corporation	MENT # N00024	(2)			
MOLO	kai residents cooperati	VE ASSOCIATION, IN	C.	e (Alistic) all delle Maist alia libit diet executions	Nant didil dinik bigit fant
		_ <u></u>			
Principal Plac	e of Business	Mailing Address 180			giệti điệti bingi điệt tạni
265 PALAI AVI		*** KELOU COURT		3. Date Incorporated or Qualified	
LEESBURG FL	34/88	LEESBURG FL 34788 US		11/29/1983	
				4. FEI Number	Applied For Not Applicable
	lace of Business	2a. Mailing Address		59-2445106	\$8.75 Additional
21 280		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
City & Stat	e ,	City & State		7. Is this nonprofit corporation a homeowners :	Added to Fees
23 Lees	/	28			No
Zip 24 3478	Country 25 Lake	Zip	Country	8. This corporation owes or has paid the curre	
24 3478	9. Name and Address of Current I		30	Personal Property Tax due June 30.	Yes No
,			81 Name		
GIDDING	GS, HARVEY $\mathcal{D}a$	LE LOVOW KELOU CT	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	·
	LOU EOURT 280	KELOU CI			
	ATM.H.P. Lee	sburg	83		
LEESBL	JRG FL 34788	sburg FL. 34788	84 City	FL	85 Zip Code
11. Pürsuant	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.				
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida. Such change was a ons of, Section 617.0503, Flo	uthorized by the corporati	ion's board of directors. I hereby accept the appoil	ntment as registered
SIGNATURE .	Dale Lo	orow_	Nake for	لتمتم	
12.	Signature, typed or printed name of registered agent a OFFICERS AND 1		Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PD OF TIGERS AND I	DELETE	1.1 TITLE PE		Change Addition
NAME	GIDDINGS, HARVEY		1,2 NAME	ale Lorow	
STREET ADDRESS	263 KELOU COURT			so Kehov CT	
CITY-ST-ZIP	LEESBURG FL			eesburg Fh	
TITLE	VD	DELETE	2.1 TITLE VE)	Change Addition
NAME	BURGESS, ARTHUR A			0 Toman as Paradise	İ
STREET ADORESS	102 PARADISE N LEESBURG FL			eesburg FL	
CITY-ST-ZIF	TD	DELETE	2.4 CITY-ST-ZIP Z-		Change Addition
NAME	KELLER, PAULINE			ruhiwe Keller	
STREET ADDRESS	60 KONO CIRCLE		3.3 STREET ADDRESS 64	o KONO CITCLE	İ
CITY-ST-ZIP	LEESBURG FL			eesburg	
TITLE	SD	☐ DELETE	4.1 TITLE S.C.		☐ Change ☐ Addition
NAME	MORROW, GERALDINE		4.2 NAME 6	PARALLE MOTTOW	
STREET ADDRESS	219 PARADISE SOUTH		4.3 STREET ADDRESS	9 Paradise South	
CITY-ST-ZIP	LEESBURG FL	DELETE	4.4 CITY-ST-ZIP 4.9	eesburg FL	Change Addition
NAME	LEROY, RICHARD	LII Valle			
STREET ADORESS	151 PARADISE LANE		5.3 STREET ADDRESS 2	harlie Freeman 7 Paradise South	
CITY-ST-ZIP	LEESBURG FL	/	5.4 CITY-ST-ZIP	-	
TITLE	DD	☑ DELETE	617015	/ = :00.	Change Addition
NAME {	WILLIAMS, HELEN		6.2 NAME R	obert Springer 5 Hawaiion way	
STREET ADDRESS	144 PARADISE N		6.3 STREET ADDRESS 3	5 Hawaiion Way	
CITY - ST - ZIP	LEESBURG FL 34788	10 1 200	6.4 CITY-ST-ZIP	=esburg	

Florida Statutes. I further certify that the information in legal effect as if made under oath; that I am an , Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: