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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01296 (5)

1. Corporation Name
C.A.V. HOMEOWNERS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540	39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified: 02/03/1984

4. FEI Number: 59-2515418 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JORGENSEN, STEWART
39240 NANIAN DR
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name: MANVILLE,IRVING
82 Street Address (P.O. Box Number is Not Acceptable): 39253 HOMECREST DR.
83
84 City: ZEPHYRHILLS, FL 85 Zip Code: 33540

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: Irving Manville — IrvingManville — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	JORGENSEN STEWART		1.2 NAME	Manville,Irving	
STREET ADDRESS	39240 NANIAN DR		1.3 STREET ADDRESS	39253 Homecrest Dr.	
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP	Zephyrhills,Fl.33540	
TITLE	VP	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	PAPE, HENRY		2.2 NAME	Reed,Elin	
STREET ADDRESS	6320 FRIENDSHIP LN		2.3 STREET ADDRESS	39329 Recess Dr.	
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	Zephyrhills,Fl.33540	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTONE, LEELAND		3.2 NAME		
STREET ADDRESS	6231 BALMY LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAGEL, THENA		4.2 NAME		
STREET ADDRESS	6340 BALMY LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	BOUDREAUM FRANK		5.2 NAME	Crosby,Ron	
STREET ADDRESS	39331 NANIAN DR		5.3 STREET ADDRESS	39248 Maher Dr.	
CITY-ST-ZIP	ZEPHYRHILLS FL		5.4 CITY-ST-ZIP	Zephyrhills,Fl.33540	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	REED, ELIN		6.2 NAME	Daugherty,Rolland	
STREET ADDRESS	39329 RECESS DR		6.3 STREET ADDRESS	39301 Homecrest Dr.	
CITY-ST-ZIP	ZEPHYRHILLS FL		6.4 CITY-ST-ZIP	Zephyrhills,Fl.33540	

CR2E037 (10/97)

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: Irving Manville — Irving Manville/ — /813-782-8270