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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N01296

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

2. Principal Place of Business
21
~~Suite, Apt. #, etc.~~
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/03/1984

4. FEI Number
59-2515418
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MANVILLE, IRVING
39253 HOMECREST DR
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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		☐ Change ☐ Addition
NAME	MANVILLE, IRVING		1.2 NAME		
STREET ADDRESS	39253 HOMECREST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	REED, ELIN		2.2 NAME	CROSBY,RONALD	
STREET ADDRESS	39329 RECESS DR		2.3 STREET ADDRESS	39248 MAHER DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		2.4 CITY-ST-ZIP	ZEPHYRHILLS,FL. 33540	
TITLE	S	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	JOHNSTONE, LEELAND		3.2 NAME	VAN WIEREN,DONNA	
STREET ADDRESS	6231 BALMY LN		3.3 STREET ADDRESS	6327 WEALTHY LN.	
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540	
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	D	☒ Change ☐ Addition
NAME	CROSBY, RON		5.2 NAME	JOHNSTONE,LEELAND	
STREET ADDRESS	39248 MAHER DR		5.3 STREET ADDRESS	6231 BALMY LN.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		5.4 CITY-ST-ZIP	ZEPHYRHILLS,FL. 33540	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAUGHERTY, ROLLAND		6.2 NAME		
STREET ADDRESS	39301 HOMECREST DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Leelan Johnstone 4/14/99 813 782-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #