

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04471** (1)

1. Corporation Name

212 SOUTH OLD DIXIE HIGHWAY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ROBERT DUPLESSIS
212 SOUTH OLD DIXIE HWY
JUPITER FL 33458

% ROBERT DUPLESSIS
212 SOUTH OLD DIXIE HWY
JUPITER FL 33458

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

59-2464940

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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUPLESSIS, ROBERT
212 SOUTH OLD DIXIE HWY
JUPITER FL 33458

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

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	PTD <input type="checkbox"/> DELETE
NAME	BOYHAN, THOMAS
STREET ADDRESS	212 OLD DIXIE HWY
CITY - ST - ZIP	JUPITER FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	DUPLESSIS, ROBERT
STREET ADDRESS	212 OLD DIXIE HWY
CITY - ST - ZIP	JUPITER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TYNAN, ELEANOR R.
STREET ADDRESS	212 OLD DIXIE HWY
CITY - ST - ZIP	JUPITER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS BOYHAN
1.3 STREET ADDRESS	212 S. OLD DIXIE HWY.
1.4 CITY - ST - ZIP	JUPITER, FL 33458
2.1 TITLE	TREASURER - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT DUPLESSIS
2.3 STREET ADDRESS	212 S. OLD DIXIE HWY.
2.4 CITY - ST - ZIP	JUPITER, FL 33458
3.1 TITLE	SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES T. FLANAGAN
3.3 STREET ADDRESS	212 S. OLD DIXIE HWY.
3.4 CITY - ST - ZIP	JUPITER, FL 33458
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4-9-98 564744.2875

CP2E037 (10/97)