FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998				Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
1. Corporatio		NO475 MEOWNER'S A		(2) On, Inc.										
Principal Place of Business Mailing Address								11	99(1)(D): (D))(B)(1)	i idani fil	88 9311 818 13 9 11	JAT MINITE NATUR MI	IBII DIQII IDDI	
14025 TROUVILLE DR TAMPA FL 33624			14025 TROUVILLE DR TAMPA FL 33624					3.		Incorporated or	Qualifie	d		
								4.	FEI N					pplied For
2. Principal P	lace of Business		2a. Malli	ing Address					5	9 -29 32163				ot Applicable
21	1000 01 00011001	•	26	ing riddios				5.	Certif	icate of Status E	Desired			Additional equired
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					Election	on Campaign Fi	nancing		\$5.00	
2			27						Trust Fund Contribution					
City & Stat	θ		28	& State				7.	Is this	nonprofit corpo	oration a		rs associatio	on?
Zip		Country	Zip		Cou	ntry	_	8.		corporation owe				
24	9 Name an		29 30 Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent							
	VI Manto din	700.000 01 00.1101	t ttogiotorou	- Navin		81	Name	10.	- 1401114	WING POOR	01 1104	10giotal oc	rigorit	,,,,
WILLIAM	F PAWLOWS	KI				82	Ot	<u> </u>	5 6 6-			1-1-X		
14050 TROUVILLE DR						62	Street F	1) esendor	-,U. BU	x Number is No	т мосері	(abie)		
TAMPA FL 33624						83								
					ł	84	City						85 Zip	Code
44		20-4-2-017-050	0 017.45	on Flacial Otal						; -0- 1-11-1	-4 (4)	<u>FL</u>		
office or r	to the provisions egistered agent	of Sections 617.050 or both, in the State and accept the obliga	of Florida, Su	ich change was	authorized	by t	namea d he corp	corporation's l	on subri board c	nits this stateme of directors. I he	nt for the reby acc	e purpose o cept the app	r changing i pointment as	registered
					iorida Stat		1	1						
SIGNATURE	Signature, typed or p	GWLDWEK Inted name of registered age	int and title if applic	able. (NO	TE: Régistère	Agent	algnature	required wher	n reinstatir	(2)		DATE		
12.		OFFICERS AN	D DIRECTORS		13.				ADDITI	ONS/CHANGES	TO OF	ICERS AND		
TITLE	TR ALECCANID	DI DINAM		DELETE	1.1 TIT		ľ	TR	אדתכ	IG, ROBI	mar		☐ Change	XX Addition
NAME	ALESSANDI 14055 TROI				1.2 NA					TROUVII		DDIVE		1
STREET ADDRESS	TAMPA FL	JAKETE DU				-	DORESS			FL 336		DKIAP		
CITY-ST-ZIP TITLE	P			DELETE	2.1 1/1	Y-ST- LE	ZIF	2.231	11 12/	<u> </u>	127		Change	Addition
NAME	COOPER, H	ARRY F			2.2 NA	ME	ĺ							_
STREET ADDRESS	14112 TRO	Jylle drive			2.3 ST	REET AL	DAESS							
CITY-ST-ZIP	TAMPA FL	33624				TY-ST	ZIP							
TITLE	D	AID A		☐ DELETE	3.1 T(T								L. Change	☐ Addition
NAME	CANTOR, L 14003 TRO				3.2 NA									ì
STREET ADDRESS	TAMPA FL				1		DORESS							
CITY-ST-ZIP TITLE	VP	33024	·	DELETE	4.1 10	TY-ST-	ZIF						Change	Addition
NAME	KLUESNER,	RALPH			4.2 N/		- 1							
STREET ADDRESS	14129 TRO	JVILLE DR.					DAESS							
CITY-ST-ZIP	TAMPA FL	33624	· - -		4.4 CI	Y-\$T-								
TITLE	DIR			ALA DELETE	5.1 TIT		T	DIR	D^-	~~~~~			☐ Change	K Addition
NAME	HUDSON, E				5.2 NA		1			GAMACH		DD ****		ĺ
STREET ADDRESS		REVILLE WAY					ODRESS			TROUVI		DKIVE	ı	ł
CITY-ST-ZIP TITLE	TAMPA FL	>3024		DELETE	5.4 CIT		ZIP	1 A	MPA	, FL336	<u> </u>		Change	Addition
NAME	DERBY, KAT	THI FEN G			6.2 NA		ł						T Alking	- Addition
STREET ADDRESS		JVILLE DRIVE					DRESS							
CITY-ST-ZIP	TAMPA FL					V.ST.								ł

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental arrhyal 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 of 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:

FILED

Mar 13 1998 8:00am