**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N07835**

1. Corporation Name

TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Busines
% O'BRYAN THOMAS F
197 10 ST
LAKE PLACID FL 33852
US

Mailing Address

% O'BRYAN THOMAS F 197 10 ST LAKE PLACID FL 33852

## FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90111 002 \*\*\*\*61.25

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Suite, Apt. #, etc.    Suite, Apt. #, etc.   27   27   28   28   29   30   50   59-2522188   Not Applicable   \$8.75 Additional   \$8.75 Additional	2. Principal Pl	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 02/26/1985					
27    29    29    30    59-2522188	21	26									
City's State    City's State	Suite, Apt. #, etc. Suite, Apt. #, etc.							<del></del>			
28   29   29   30   5. Certificate of Status Dealind   Fee Required   Fee Required   25   29   30   5. Certificate of Status Dealind   Fee Required   Fee Required   5. DO May Be   25   29   30   5. Certificate of Status Dealind   5. DO May Be   25   29   30   5. DO May Be   25   20   20   20   20   20   20   20	22					- 39-2322100 -		<del></del>			
Zip   Country   Zip   Country   Zip   Country   Zip   Country   S. Electon Campaling Financing   \$5.00 May Be Added to Fees	City & State	7 - 10, 21 - 121 - 1			F Continue of Status Desired						
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. ON MATILAND AVE  33. ORLANDO FL 32751  34. City  35. Street Address (P.O. Box Number is Not Acceptable)  14. Furnish 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, and 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, and an accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the	<del></del>	Country ·	Country	Country 6. Election Campaign Financing \$5.00			\$5.00 N	vlav Be			
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Street Address (P.O. Box Number is Not Acceptable)  33. ORLANDO FL 32751  14. City  15. 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 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, and a complete of the provisions of Section 19. OSC, Portoda Statutes.  15. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of 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 of 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 minimal with, and acceptable to the provisions of Section 19. OSC, Portoda Statutes.  15. Name  16. Name and Address of New Registered Agent  16. Name  17. Decident and the provisions of Section 19. OSC, Portoda Statutes.  16. Name and Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of Section 19. OSC, Portoda Statutes.  18. Name  18. Name  18. Name  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name authorized by the appointment as registered agent and the purpose of changing its registere	¬ '					1					
COLLING, LEE JAY  SO N MATLAND AVE  SUITE 203  ORLANDO FI. 32751  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 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 office or registered agent, and familiar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and remained in the provision of section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and remained in the provision of section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provision of section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provision of section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provision of section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent.  In the provision of sections 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing the registered agent, and the appointment as registered differences. I have appointed the remaining of provision and of directors. I hereby accept the purpose of changing the appointment as registered differences.  In the provision of section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the provision of section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept											
SOON MAITLAND AVE SUITE 203 ORLANDO FL 32751  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Floridal 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 mile advantage the appointment as registered agent. I mile agent. I mile state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I mile agent.		Italio dila radioco di odi		81							
SOON MAITLAND AVE SUITE 203 ORLANDO FL 32751  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Floridal 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 mile advantage the appointment as registered agent. I mile agent. I mile state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I mile agent.											
SUITE 203 ORLANDO FL 32751  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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 11.1 mile 12. OFFICERS AND DIRECTORS 14. TIME 12. OFFICERS AND DIRECTORS 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.2 mile 12. TIME 12. OFFICERS AND DIRECTORS 14. CITY-ST-2P  LAKE PLACID FL 33852  LAKE PLACID FL 33852  LAKE PLACID FL 33852  LAKE PLACID FL 33852  DELETE  1.1 mile 1.2 mile 1.2 mile 2.3 STREET ADDRESS 4. CITY-ST-2P  LAKE PLACID FL 33852  DELETE  1.1 mile 1.2 mile 1.2 mile 2.3 STREET ADDRESS 4. CITY-ST-2P  LAKE PLACID FL 33852  LAKE PLA	COLLING, LEE JAY				82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32751    Statutes   St		—		02							
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 privated name of registered agent are title in purpose.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  DELETE  11. TITLE  PD  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INVEST-2P  LAKE PLACID FL 33852  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  TO  OFBITAN, THOMAS F  33. STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  33. STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  33. STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  33. STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN, THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN THOMAS F  STREET ADDRESS  ACTIVIST-2P  LAKE PLACID FL 33852  TO  OFBITAN THOMAS F	SUITE 203										
Pursuant to the provisions of Sections 617.0502 and 817.1508, 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   Provided registered agent and use if appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.    Provided Registered Agent agents	ORLANDO FL 32751				City		FI	85 Zip C	ode		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approximated agent and accept the obligations of, Section 617,0503, Priorida Statutor required expension and accept the obligations of, Section 617,0503, Priorida Statutor required expension required expension accept the obligations of, Section 617,0503, Priorida Statutor required expension required expension accept the obligations of, Section 617,0503, Priorida Statutor required expension required expension accept the obligations of, Section 617,0503, Priorida Statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the obligation of the prioridal statutor required expension accept the prioridal statutor required expension accept the pri							· · · ·	<u>                                     </u>			
agent. I am familiar with, and accept the obligations of, Section 617,0003, Floring a Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  PD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTEGRATION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	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										
SIGNATURE   Signature, speed or printed name of registered Agent and great respectative required when relinatory)   DATE	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
Signature, byted or printed name of registance agent and title if expicialists.  TILE  OFFICERS AND DIRECTORS  TILE  PD  FITCH, JOHN  STREET ADDRESS 345 4TH AVE  STREET ADDRESS  STREET ADDRESS  TITLE  VPD  DELETE  1.1 TITLE  PD  Fred Jenkins  Addition  Fred Jenkins  13 STREET ADDRESS  AVE  LAKE PLACID FL 33852  TITLE  VPD  DELETE  2.1 TITLE  VPD  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TOWNST-ZP  LAKE PLACID FL 33852  TOWNST-ZP  TOWNST-ZP  Addition  Addition  TO  O'BRYAN, THOMAS F  197 10 ST  LAKE PLACID FL 33852  TOWNST-ZP  Addition  Addition  Addition  Addition  Thomas F. O Bryan  197 10 ST  LAKE PLACID FL 33852  TOWNST-ZP  Addition  Addition  Addition  Addition  Thomas F. O Bryan  197 10 ST  LAKE PLACID FL 33852  TOWNST-ZP  Addition  A											
PD	SIGNATURE	Signature, typed or printed name of registered agent a	jistered Agent	signature required							
WAME  FITCH, JOHN  345 4TH AVE  LAKE PLACID FL 33852  THE  VPD  DELETE  JENKINS, FRED  6 AUSTIN DR  23 STREET ADDRESS  6 AUSTIN DR  24 AUTY-ST-ZP  LAKE PLACID FL 33852  THE  TD  O'BRYAN, THOMAS F  33 STREET ADDRESS  DO UBLETE  DO UBLETE  31 TITLE  TD  O'BRYAN, THOMAS F  33 STREET ADDRESS  AUTY-ST-ZP  LAKE PLACID FL  33 STREET ADDRESS  AUTY-ST-ZP  AUTY-ST-ZP  AUTY-ST-ZP  AUTY-ST-ZP  AUTY-ST-ZP  AUTY-ST-ZP  AUTY-ST-ZP  AUTY-ST-ZP  Change  Addition  Addition  AUTY-ST-ZP  AUTY-ST-Z	12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND				
STREET ADDRESS  JAS 4TH AVE  LAKE PLACID FL 33852  THE  VPD  JENKINS, FRED  STREET ADDRESS  6 AUSTIN DR  JENKINS, FRED  6 AUSTIN DR  JENKINS, FRED  CONVIST-ZIP  LAKE PLACID FL 33852  THE  TD  JENKINS, FRED  JENKINS, FRED  AME  JENKINS, FRED  JENKINS  JENKINS, FRED  JENKINS	TITLE	PD	<b>X</b> DELETE	1.1 TITLE		-		Change	☐ Addition		
STREET ADDRESS  JAS 4TH AVE  LAKE PLACID FL 33852  THE  VPD  JENKINS, FRED  STREET ADDRESS  6 AUSTIN DR  JENKINS, FRED  6 AUSTIN DR  JENKINS, FRED  CONVIST-ZIP  LAKE PLACID FL 33852  THE  TD  JENKINS, FRED  JENKINS, FRED  AME  JENKINS, FRED  JENKINS  JENKINS, FRED  JENKINS	NAME	FITCH, JOHN		1.2 NAME	F	red Jenkins					
AKE PLACID FL 33852  TITLE  VPD  DELETE  JENKINS, FRED  G AUSTIN DR  LAKE PLACID FL 33852  TITLE  VPD  DELETE  JENKINS, FRED  G AUSTIN DR  LAKE PLACID FL 33852  TO DELETE  JENKINS, FRED  G AUSTIN DR  LAKE PLACID FL 33852  TO DELETE  JITTLE  TD  DELETE  JITTLE  J	STREET ADDRESS			1.3 STREET	ADDRESS 6	Austin Drive					
TITLE  VPD  DELETE  21TITLE  22NAME  JENKINS, FRED  6 AUSTIN DR  LAKE PLACID FL 33852  DELETE  DELETE  DELETE  33 STREET ADDRESS  O'BRYAN, THOMAS F  STREET ADDRESS  197 10 ST  LAKE PLACID FL  33 STREET ADDRESS  197 10 ST  LAKE PLACID FL  33 STREET ADDRESS  ACITY-ST-ZIP  AKE PLACID FL  ACITY-ST-ZIP				1.4 CITY-ST			33852				
JENKINS, FRED  STREETADDRESS  G AUSTIN DR  LAKE PLACID FL 33852  TITLE  TD  O'BRYAN, THOMAS F  STREETADDRESS  197 10 ST  STREETADDRESS  197 10 ST  STREETADDRESS  197 10 ST  STREETADDRESS			☐ DELETE		14	77.		Change -	Addition		
CITY-ST-ZIP LAKE PLACID FL 33852  TITLE TD O'BRYAN, THOMAS F STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  TITLE D H Change Addition Ad		** •		2.2 NAME	6	eorge Kellcher			`'		
CITY-ST-ZIP LAKE PLACID FL 33852  TITLE TD O'BRYAN, THOMAS F STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  TITLE D H Change Addition Ad			The second section of the second	23 STREET	ADORESS	125 6th Street					
TITLE TD O'BRYAN, THOMAS F  STREET ADDRESS 197 10 ST  LAKE PLACID FL  NAME PRATOR, PAULA STREET ADDRESS 277 15 T AVE  LAKE PLACID FL 33852  TITLE D H Change Addition  DELETE 3.1 TITLE 3.2 NAME  Addition  DELETE 3.1 TITLE 3.3 STREET ADDRESS 34. CITY-ST-ZIP  LAKE PLACID FL 33852  TITLE D H Change Addition  Change Addition  Addition  Addition  Ch			· · · · · · · · · · · · · · · · · · ·		T 7/D	ake Placid FL	3385	λ.			
O'BRYAN, THOMAS F 197 10 ST LAKE PLACID FL  NAME PRATOR, PAULA STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL  NAME PRATOR, PAULA STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  O'BRYAN, THOMAS F 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP LAKE PLACID FL 33852  O'BRYAN, THOMAS F 33 STREET ADDRESS 34. CITY-ST-ZIP LAKE PLACID FL 33852  O'CHANGE CITY-ST-ZIP NAME KELLEMER, GEORGE STREET ADDRESS STREET A			□ nei ete						Addition		
STREET ADDRESS  197 10 ST  LAKE PLACID FL  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  NAME  PRATOR, PAULA  271 1ST AVE  LAKE PLACID FL 33852  ITILE  D H  STREET ADDRESS  STREET ADDRESS  LAKE PLACID FL 33852  ITILE  D H  Change  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition	i	<del>'-</del>	□ 5522.1				-	-	_		
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PRATOR, PAULA  4.2 NAME PRATOR, PAULA  4.2 NAME STREET ADDRESS 271 1ST AVE 4.3 STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  TITLE D NAME KELLEMER, GEORGE STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  TITLE D DELETE D DELETE 5.1 TITLE D CHANGE FLETH DOWN AME STREET ADDRESS 5.4 CITY-ST-ZIP LAKE PLACID FL 33852  TITLE D CHANGE SKAGGS, IVAN 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  TOTAL STREET ADDRESS 6.4 CITY-ST-ZIP LAKE PLACID FL 33852  CHANGE STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852  CHANGE CHAN	CITY-ST-ZIP		F7 P4P		r-ZIP	are Placia, IL	. <i>9</i> 783		☐ Addition		
STREET ADDRESS 271 1ST AVE LAKE PLACID FL 33852  TITLE  D  KELLEMER, GEORGE STREET ADDRESS CITY-ST-ZIP  LAKE PLACID FL 33852  D  CITY-ST-ZIP  LAKE PLACID FL 33852  D  CITY-ST-ZIP  D  CHange  CITY-ST-ZIP  LAKE PLACID FL 33852  D  CITY-ST-ZIP  SKAGGS, IVAN  STREET ADDRESS 24 2ND AVE LAKE PLACID FL 33852  CITY-ST-ZIP  LAKE PLACID FL 33852	TITLE		□ nere ie		}			□ cuanda			
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TITLE D	STREET ADDRESS			4.3 STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP NAME SKAGGS, IVAN STREET ADDRESS CITY-ST-ZIP NAME SKAGGS, IVAN STREET ADDRESS ACITY-ST-ZIP ACITY-ST-ZIP SKAGGS, IVAN STREET ADDRESS ACITY-ST-ZIP	CITY-ST-ZIP	LAKE PLACID FL 33852		4.4 CITY- ST					N=1.		
TITLE D GLETE 6.1 TITLE  SKAGGS, IVAN  STREET ADDRESS  24 2ND AVE  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP  6.4 CITY- ST-ZIP	TITLE	D H	☐ DELETE	ł	D	•		∐ Change	Addition		
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STREET ADDRESS  24 2ND AVE  6.3 STREET ADDRESS  LAKE PLACID FL 33852  6.4 CITY-ST-ZIP	TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition		
STREET ADDRESS  24 2ND AVE  LAKE PLACID FL 33852  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	NAME	SKAGGS, IVAN		6.2 NAME							
CITY. ST. 7/P LAKE PLACID FL 33852	-			6.3 STREET	ADDRESS				:		
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				6.4 CITY-ST	-ZIP						
indicated on this control and a supplemental angular point is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	14. I hereby a	ertify that the information supplied with	this filing does not qualify for the	e exempti	on stated in S	Section 119.07(3)(i), Florida Statutes	. I further cert	ify that the in	formation		

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.