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Apr 20 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 # **N08173** (9)

1. Corporation Name

SHARPES FERRY HOME OWNERS, INC.

Principal Place of Business

Mailing Address

**9901 SE HIGHWAY 314
BOX 182
SILVER SPRINGS FL 34488-9412
US**

**9901 SE HIGHWAY 314
BOX 134
SILVER SPRINGS FL 34488-2363
US**

3. Date Incorporated or Qualified

03/15/1985

4. FEI Number

59-2765517

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Box 134

23 City & State

27 City & State

24 Zip **34488-2363**

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELANGER, LEONARD
9901 S.E. HWY 314
BOX 134
SILVER SPRINGS FL 34488**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
GOODRICH, ARNOLD**
STREET ADDRESS **9901 S.E. HWY 314 BOX 157**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☒ DELETE

NAME **VPD
EVANS, PEARLE**
STREET ADDRESS **9901 SE HWY 314 BOX 187**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☐ DELETE

NAME **SD
JOHNSON, SHIRLEY**
STREET ADDRESS **9901 SE HWY 314 BOX 185**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☐ DELETE

NAME **TD
BELANGER, LEONARD**
STREET ADDRESS **9901 SE HWY 314 BOX 134**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☐ DELETE

NAME **D MO
MONTGOMERY, JOHN**
STREET ADDRESS **9901 SW HWY 314 BOX 139**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☒ DELETE

NAME **D
BRADY, BUD**
STREET ADDRESS **9901 SE HWY 314 BOX 203**
CITY-ST-ZIP **SILVER SPRINGS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VPD
THOMAS BRUMBAUGH
9901 SE HWY 314 BOX 141
SILVER SPRINGS FL 34488**

**D
NELSON PAYNTER
9901 SE HWY 314 BOX 191
SILVER SPRINGS, FL 34488**

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:

Leonard Belanger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TD

4/14/98

352-625-7454

Daytime Phone # 0073383

CR2E037 (10/97)