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# Apr 17 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N08457 (6)**

1. Corporation Name

**THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~5115 N.E. 1ST TERR.~~ 210 NE 51ST ST.<br>POMPANO BEACH FL 33064<br>US | ~~5115 N.E. 1ST TERR.~~ 210 NE. 51ST ST.<br>POMPANO BCH FL 33064<br>US |

3. Date Incorporated or Qualified: 04/01/1985

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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**

KOLB, CAROL P.
~~5115 NW 1ST TERR~~ 210 NE 51ST ST.
POMPANO BCH FL 33064

**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 Carol P. Kolb Secretary/Treasurer DATE 4/8/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MASSAROTTI, VINCENT<br>4901 N.E. 2ND TER.<br>POMPANO BEACH FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Pres.<br>HENRY W. KESPER<br>5008 NE 2nd Ave.<br>Pompano Beach, FL 33064 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KENNEDY, ANNE<br>4910 NE FIRST TERR<br>POMPANO BCH FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DIRECTOR<br>Robert Revenberg<br>200 NE 52nd St.<br>Pompano Beach, Fl. 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D VICE PRESIDENT<br>SUTORUS, RON<br>117 N.E. 51ST CT.<br>POMPANO BCH FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DIRECTOR<br>HELEN Hanson<br>4904 NE 1st Ter<br>Pompano Beach, Fl. 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLLAND, EVELYN<br>4916 NE 1ST TERR<br>POMPANO BCH FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JACKSON, BARRY<br>5015 N.E. 2ND TERR.<br>POMPANO BCH FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DALICANDRO, FRANK<br>5014 NW 2ND WAY<br>POMPANO BCH FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

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:** Carol P. Kolb Secretary/Treasurer 4/8/98 954-481-5926