NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90065 012 \*\*\*\*61.25

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N10499**

Corporation Name

THE JIM LEE ROAD HOMEOWNERS' ASSOCIATION, INC.

						******	_		
Principal Place of Business Mailing Address									1 <b>618</b> 14 ( <b>94</b> 1
GANT. JAMES.			GANT, JAMES, L						
3012 AVON CIRCLE TALLAHASSEE FL 32312			3012 AVON CIRCLE TALLAHASSEE FL 32312						
US US	FL 32312		US						
00									
2. Principal Place of Business			2a. Mailing Address				Date Incorporated or Qualifed		
21			6				07/31/1985		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number	<b>⊢</b>	lied For
22			7				59-2326487	_, <u></u>	Applicable
City & State			City & State				5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee-Req	
23			28						
Zip	Country				Country		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		<i>'</i>
24	25		9 30				Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent						Name	IV. Name and Address of New Registe	Tett Agent	
		,			81				
GANT, JAMES L					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3012 AVON CIR					83		<u></u>		<del></del>
SUITE 510					03				
TALLAHASSEE FL 32312					84	City		FL 85 Zip C	ode
. 1 83.80 1 3 5 5 0 CC									enistered
11. Pursuant	to the provisions	of Sections 617.0502 an	d 617.1508, Floi orida. Such chai	nda Statutes, tri nge was authori	e abov zed by	the corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	istered
agent. I a	am familiar with, a	nd accept the obligations	of, Section 617	.0503, Florida S	tatutes	i. '	• • •	\$ 11 373.96	1.2.5 (1.2)
SIGNATURE			- I ·				ed when reinstation) DAT	<del></del>	
12.	Signature, typed or prin	name of registered agent and OFFICERS AND D			ered Agei	nt signature require	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		RS IN 12
TITLE	PD	OFFICERS AND D			,1 TITLE		-	☐ Change	Addition
	GANT, JAMES	9 <b>1</b>			2 NAME				
NAME						T ADDRESS			]
STREET ADDRESS	TALLAHASSE				4 CITY-S	1			
CITY-ST-ZIP	TD	<u> </u>			1 TITLE			☐ Change	Addition
NAME	GANT, GLORI	ΔW		12	2 NAME		•	-	
STREET ADDRESS						T ADDRESS			l
	TALLAHASSE				. 4 CITY-	ST-ZIP			
CITY-ST-ZIP	SD	<u> </u>			.1 TITLE			☐ Change	☐ Addition
NAME Sign 3	I	OLIEI YN K		3	2 NAME				
STREET ADDRESS				3	.3 STREE	T ADDRESS			
CITY ST-ZIP					4. CITY-				
TITLE ALLA					.1 TITLE			☐ Change	Addition
					. 2 NAME			্র বিভাগ ভূম শুলুমুখ্	1 1 da 11a
NAME STREET ADDRESS				1	I.3 STREE	TADDRESS			
CITY-ST-ZIP	· 1				I.4 CITY-S	ST-ZIP			i e reĝi
TITLE	1				5.1 TITLE			☐ Change	☐ Addition
					.2 NAME				'

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

CR2E037 (11/98)

Addition

☐ Change