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**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of S DIVISION OF CORPORATIONS

FILED Mar 03 1998 8:00am Secretary of State

1. Corporation	Name # N	Y OWNERS	T) ASSOCIATIO	•							
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Principal Plac	e of Business	M	lailing Address					i <b>an</b> i si <b>ana</b> distri	LANG BANG AND AN	IBII AIBII AIBII BEAII	71011 <b>41</b> 911 1991
W DEE VERBA	NAC	*	DEE VERBANAC			}	3. Date Incor	poreted or Ou	alified		
191 CARICA RD. NAPLES FL 33983		13	131 CARICA RD.				3. Date Incorporated or Qualified 03/05/1986				
		N	NAPLES FL 33963			1	4. FEI Number Applied For				
2980							65-02	218742			Not Applicable
Principal Place of Business			2a, Mailing Address					of Status Deal	ired 🗆	\$8.75	Additional
Eulis Ast	# ole	26	Pulto Ant 4 of	<u> </u>	<del>,</del>		*****				Sequired
Sulte, Apt.	#, etc.	27	Suite, Apt. #, el	ic.		-	6. Election Co	ampaign Finar I Contribution	ncing 🖂		May Be to Fees
City & State	e	27	City & State	,						wners associat	
3	•	28	<b>,</b>			ŀ	7. IS UIIS HOLD	pront corporat	Ye Ye		UII:
Zip	Country		Zip	c	ountry		8. This corpo	ration owes or	has paid th	e current year I	ntangible
24	25	29		30			Personal P	roperty Tax di	ue June 30.	Yes 🔲	No No
<del></del>	9. Name and Address	of Current Regis	stered Agent				10. Name and	Address of I			
					81 Na	ame	JOAN	7:	Con	NOR	
	IAC, DEE				82 St	reet Addres	s (P.O_Box Nu	mber is Not A	cceptable)		
	RICA RD				83	163	CAR	ica k	<u> </u>		
NAPLES	6 FL 33963										
					84 Ci	ity 114	DIA			FL 85 3	Code o
_						4 /44					700
11. Pursuant	to the provisions of Seption	s 617.0502 and 6	317.1508. Florida	Statutes, the	above-na	med corpor	ation submits ti	is statement t			ts registered
11. Pursuant office of	to the provision of Seption	ns 617.0502 and 6	617.1508, Florida ida. Such change	Statutes, the was authorize	above-natived by the	med corpor e corporation	ation submits the	nls statement t ectors. I hereb			its registered is registered
5 L	to the provision of Seption registered agent, loss rith, in an familiar with, and it cen	DARRA!				med corpor e corporation	ation submits the	nls statement f ectors. I hereb			its registered is registered
11. Pursuant office on agent I a	to the provision of Septor egistered agent, or with, in in tamiliar with, and accor- signatur, typed or passed name of	DARRA!		7000	<i>[ ] .</i>	_ಲು/	ation submits the board of direction when reinstating)	nis statement i ectors. I hereb	for the purpo by accept the		its registered is registered
SIGNATURE	Signatury, typed or passed name of	DARRA!	e if applicable.	(NOTE: Registe	ered Agent sig	_ಲು/	when reinstating)		for the purpo by accept the	ose of changing e appointment a ATE S AND DIRECTO	DRS IN 12
SIGNATURE	Signature typed or passed name of OFF	registered agent and tilk	e il applicable.	(NOTE: Registe 13	ered Agent sig 3.	_ಲು/	when reinstating)		for the purpo by accept the	ose of changing a appointment a	DRS IN 12
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SIGNATURE  12.  TITLE NAME  STREET ADDRESS	Styrulus Typed or Masted name of OFF SD VERBANAC, DEE 131 CARICA RD.	registered agent and tilk	e if applicable.	(NOTE: Register 18	ered Agent sig 3. TITLE 2 NAME 3 STREET ADDR	gnature required	when reinstating)		for the purpo by accept the	ose of changing e appointment a ATE S AND DIRECTO	DRS IN 12
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and that I am a support as required by Chapter 617, Florida Statutes; and that my name appears in address.

SIGNATURE: