FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N15495

1. Corporation Name

(7

CROSS CREEK CLUB CONDOMINIUM OWNERS' ASSOCIATION , INC.

| CROSS CREEK RD. DESTIN FL 32541 3. Date Incorporated or Qualified 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For | Dispisal Disparet Rusiness | | | | | | | <u></u> | | |
|---|----------------------------|---|--|-----------------------|---|----------|-----------------------|---------|--|--|
| DESTIN FL 32541 2. Principal Place of Business 2. Principal Place of Business 3. Minding Address 2. Sule, Apt. #, etc. 3. Sule, Apt. #, etc. 3. Sule, Apt. #, etc. 3. Sule, Apt. #, etc. 4. Election Campaign Florated Repaired For Register College Repaired Repaired For Register College Repaired Repaired For Register College Repaired Repai | Principal Place | e of Busines | ·S | М | alling Address | | | | | |
| 2. Principal Place of Besiness | | | | | | | | | | |
| Suries Apt #, etc. Suries Applicable Suries Applic | | | | | | | | | | |
| Sole, Apl. 4, etc. Sole, Apl. 5, etc. Sole, Apl. 6, etc. Sole, Ap | 2. Principal P | lace of Busi | ness | 2a. | 2a. Mailing Address | | | | | |
| 27 Country 2p C | 21 | ····· | | 26 | | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ZZ-2985292 Not Applicable |
| City & State City | | #, etc. | | ļ | ······· | | | | | La. Certificate of Status Liested |
| 20 20 20 20 20 20 20 20 | | | | 27 | | | | | | Fee Required |
| Zip Country Zip Country Zip Sub Sub Sub Florida Statutes Ves No Name and Address of Current Registered Agent Sub Sub Sub Sub Sub Sub Sub Sub Name and Address of Current Registered Agent Sub | _ ´ | В | | | ⊢ ' | | | | | |
| 9. Name and Address of Current Registered Agent DOTY, ROBERT D 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the provisions of Sections 617,0503, Florida Statutes, beautiful to the Sections 617, Section | | | | | + ' | | | | | *************************************** |
| DOTY, ROBERT D 66 CROSS CREEK RD. DESTIN FL 32541 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. 1 am maller with, and eaceignt the official south changes authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registerized agent. 2 both; in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered or registerized agent. 2 both; in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered dispersion of the purpose of changing its registered dispersion of the purpose of changing its registered dispersion of directors. I hereby accept the purpose of changing its registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion of directors. I hereby accept the appointment as registered dispersion accepts the purpose of changing its registered dispersion. I hereby accept the purpose of changing its registered dispersion should directors. I hereby accept the appointment as registered dispersions authorized by the corporation authorized by the | — · | | · · | | | - | ¬ ' | | | |
| BOTY, ROBERT D 86 CROSS CREEK RD. DESTIN FL 32541 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-mend 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 signal, and familiar with, and accept the objections of, Section 617,0503, Florida Statutes, the above-mend corporation's board of directors, I hereby accept the appointment as registered signal and the familiar with, and accept the objections of, Section 617,0503, Florida Statutes, the above-mend corporation's board of directors, I hereby accept the appointment as registered signal and the familiar with, and accept the objections of, Section 617,0503, Florida Statutes, the above-mend corporation's board of directors, I hereby accept the appointment as registered signal and the familiar with, and accept the objections of, Section 617,0503, Florida Statutes, the above-mend corporation's board of directors, I hereby accept the appointment as registered directors. I hereby accept the appointment as registered signal and accept the appointment as registered agent argument required when released and released acception and released when released and released and released to the first the released when r | 24 0 Name | | | | | 30 | 30 | | | |
| DOTY, ROBERT D 86 CROSS CREEK RD. DESTIN FL 32541 11. Pursuant to the provisions of Sections 617 1502 and 617 1509. Florids Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent 1 am familiar vitin, and causely the obligations of 3 section 1517 5502. Florids Statutes, the above-hamed corporation is board of directors. I hereby accept the appointment as registered agent 1 am familiar vitin, and causely the obligations of 3 section 1517 5503. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DOTY, ROBERT D DESTIN FL 20 I HOUDAY ROAD, # 2A 23 SIRRET ADDRESS CITY-S1-2P DESTIN FL 20 I HOUDAY ROAD, # 2A 23 SIRRET ADDRESS DESTIN FL 24 CK-DS C-REEK RD. # 2A 24 SIRRET ADDRESS DESTIN FL DESTIN | | •, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | 81 | | Vame | 14. Wallia alla Mariata di Hari Hagiara di Agric |
| BS City FL BS Zip Code | DOTV I | DAREDT N | | | | | | L | | |
| DESTIN FL 32541 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. Its order provisions of Section 617,0502 and 617,1508, Florida Statutes as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamilar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE Spruter, byted or printed name of large special temporation in the provision of the collegations of, Section 617,0503, Florida Statutes. SIGNATURE Spruter, byted or printed name of large special temporation in the provision of the collegations of, Section 617,0503, Florida Statutes. SIGNATURE Spruter, byted or printed name of large special temporation in the provision of the | | | | | | | 82 Street Addres | | | dress (P.O. Box Number is Not Acceptable) |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent and agent are 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 area of an agent and accept the onligation of, Section 617.6503, Florida Statuties. SIGNATURE 12. | | | | | | | | - | | |
| 11. Pursuant to the provisions of Sections 517.0502 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 accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 64 C. CROSS C.R.E.E.K. R.D. + 2.A. 14. CROSS C.R.E.E.K. R.D. + 2.A. 15. Change Addition MAKE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. ST. 2P | DESTRA | I'L UZUTI | | | | | | L | | |
| 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 and ramillar with, and accept the objection of 7/5039, Florida Statutes. SIGNATURE Signature. Spend or prived name of regulated agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent and time / applicable. (NOTE Requisered Agent applicable required agent applicable. (IT IT I | | | | | | | 84 | (| City | FI 85 Zip Code |
| Agent. I am terminar with, and accept the obligations of, Section 617-0503, Horida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD | 11. Pursuant t | to the provis | ions of Sections 617.05 | 02 and 6 | 17.1508, Florida Statu | utes, t | he above | B-N | amed corp | rporation submits this statement for the purpose of changing its registered |
| Syrahum, placed a printed raine of legatearial agent and tille if applicable (NOTE registere required when air intelling) DATE | agent. I a | m familiar w | ith, and accept the obli | gations o | f, Section 617.0503, F | Florida | Statutes | S. | io corpora | and is some of directions. Thereby accept the appointment as registered |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DOTY, ROBERT D | | | | | | | | | | |
| TITLE DOTY, ROBERT D DELETE 1.1 TITLE 1.2 MANE 1.2 MANE 2.2 MANE 2.2 STREET ADDRESS CITY-ST-2IP DESTIN FL 2.2 MANE 2.2 MANE 2.3 STREET ADDRESS CITY-ST-2IP DESTIN FL 2.2 MANE 2.3 STREET ADDRESS CITY-ST-2IP DESTIN FL 2.3 MANE 2.4 CITY-ST-2IP DESTIN FL 2.5 MANE 3.5 TREET ADDRESS CITY-ST-2IP DESTIN FL 2.5 MANE 3.5 TREET ADDRESS CITY-ST-2IP DESTIN FL 2.5 MANE 3.5 TREET ADDRESS CITY-ST-2IP DESTIN FL 2.5 MANE 5.5 STREET ADDRESS STREET ADDRES | | Signature, typed | | | | DTE: Re | | ent e | ignature requi | |
| NAME STREET ADDRESS 68 CROSS CREEK RD. DESTIN FL 32541 TITLE SD DELETE 21 TITLE SD DESTIN FL 32541 TITLE SD DELETE 22 NAME 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 24 CITY-S1-ZIP DESTIN FL 32 STILE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DESTIN FL 32 STREET ADDRESS 24 CITY-S1-ZIP DESTIN FL 32 STREET ADDRESS 24 CITY-S1-ZIP DESTIN FL DELETE 31 TITLE DELETE 31 TITLE DELETE DESTIN FL DELETE DESTIN FL DESTIN FL DESTIN FL DESTIN FL DESTIN FL DELETE DESTIN FL DESTIN | | DD | OFFICENS AI | AD DIDE | *************************************** | | | | <u>-</u> | |
| STREET ADDRESS CITY-S1-ZIP DESTIN FL 32541 TITLE SD DESTIN FL 32541 TITLE SD DESTIN FL 32541 TITLE SD DESTIN FL 21 TITLE STREET ADDRESS CITY-S1-ZIP DESTIN FL DESTI | 1 | | PORERT D | | | | | | | C District |
| CITY-SI-ZIP DESTIN FL 32541 1.4 CITY-SI-ZIP DELETE 2.1 TITLE SD DELETE 2.1 TITLE SD CITY-SI-ZIP DESTIN FL 2.2 TIME 3.3 STREET ADDRESS DESTIN FL DES | | | | | | | | in | DDECC | |
| TITLE MAME ELLISON, BETTY ELLISON, BETTY STREET ADDRESS 201 HOLIDAY ROAD, # 2A DESTIN FL DELETE 3.1 TITLE TD INGRAHAM, MARK STREET ADDRESS CITY-ST-ZIP DESTIN FL 3.2 SAME 3.3 STREET ADDRESS CITY-ST-ZIP DESTIN FL 3.4 CITY-ST-ZIP DESTIN FL DESTIN FL DESTIN FL Addition MARE STREET ADDRESS CITY-ST-ZIP DESTIN FL DELETE 4.1 TITLE AMME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE ACITY-ST-ZIP TITLE DELETE 5.1 TITLE AMME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE AMME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME 5.4 CITY-ST-ZIP TITLE AMME 5.5 STREET ADDRESS CITY-ST-ZIP TITLE AMME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME 6.3 STREET ADDRESS CITY-ST-ZIP Addition TITLE AMME 6.3 STREET ADDRESS CITY-ST-ZIP Addition TITLE AMME 6.3 STREET ADDRESS CITY-ST-ZIP Addition TITLE AMME 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition AMME ACITY-ST-ZIP TITLE AMME ACITY-ST-ZIP TITLE AMME ACITY-ST-ZIP TITLE AMME ACITY-ST-ZIP ACITY-ST-ZIP TITLE AMME ACITY-ST-ZIP Addition Addition Addition ADDRESS CITY-ST-ZIP ACITY-ST-ZIP Addition Addition ADDRESS CITY-ST-ZIP ACITY-ST-ZIP ADDRESS CITY-ST-ZIP ACITY-ST-ZIP ADDRESS CITY-ST-ZIP ACITY-ST-ZIP ADDRESS CITY-ST-ZIP ACITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS ACITY-ST-ZIP ADRESS ADREST ADDRESS ACITY-ST-ZIP ADRESS ACITY-ST-ZIP ADRESS | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL DELETE DESTIN FL DELETE 4.1 ITILE AACITY-ST-ZIP DESTIN FL DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 ITILE DELETE 5.1 ITILE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP THE DELETE DELETE 5.1 ITILE DELETE DELETE 1.1 ITILE DELETE DELETE 1.1 ITILE DELETE DELETE 1.1 ITILE DELETE DELETE 1.1 ITILE DELETE DELETE 1.1 ITILE DELETE | | | III L QEOTI | | DELETE | | | 11 ~ 2 | LIP | Change C Addition |
| STREET ADDRESS CITY-ST-ZIP DESTIN FL 2.4 CITY-ST-ZIP DESTIN FL 2.4 CITY-ST-ZIP DESTIN FL 3.5 TITLE TD DELETE 3.1 TITLE TD DELETE 3.1 TITLE TD DELETE 3.2 CHAPAM, MARK 3.2 NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL DELETE ALTITLE DELETE ALTITLE DELETE ALCITY-ST-ZIP TITLE DELETE DELETE ALCITY-ST-ZIP TITLE DELETE ALCITY-ST-ZIP TITLE DELETE B. STREET ADDRESS CITY-ST-ZIP TITLE DELETE B. STREET ADDRESS CITY-ST-ZI | | | N. RETTY | | | | | | | |
| CITY-ST-ZIP DESTIN FL 1TILE TD DELETE 3.1 TITLE 1 TNG HAMI, MARK STREET ADDRESS 201 HOLIDAY ROAD, \$1 DELETE 3.2 SAME 1 NG HAMI, MARK 32 NAME 32 STREET ADDRESS 201 HOLIDAY ROAD, \$1 DELETE 3.4 CITY-ST-ZIP DESTIN FL DELETE 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AMME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AMME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AMME 1.4 I do hereby certify that the information supplied with this filling does not qualify for the event platon stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report or to the receiver the table may report as projected by Capatre Add For Excits Statutes. I further certify that the information indicated on this annual report or suppliemental annual report or suppliemental annual report or the receiver or trustee members are not as projected by Capatre Add For Excits Statutes. The power of the trustee members are not as projected by Capatre Add For Excits Statutes. The power of the trustee members are not as projected by Capatre Add For Excits Statutes. The power of the properties of the statute and the power of the properties of the statute and the power of the projected by Capatre Add For Excits Statutes. The power of the projected of the | | | • | | | | | AD | ORESS | 64 CKOSS CREEK RD. # 2A |
| TITLE TD DELETE 31 TITLE 32 MANE 33 STREET ADDRESS 45 4 S HORE DR 34 CITY-ST-ZIP DESTIN FL DELETE 41 TITLE 41 MANE 42 MANE 42 MANE 42 MANE 42 MANE 43 STREET ADDRESS 44 CITY-ST-ZIP 44 CITY-ST-ZIP 44 CITY-ST-ZIP 45 MANE 45 M | | | • | | | | | | | |
| NAME INGRAHAM, MARK STREET ADDRESS 201 HOLIDAY ROAD, # 1 32 NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.4 CITY-ST-ZIP TITLE 1.5 TAMPE | | | | | DELETE | | | - | <u>-"</u> | |
| STREET ADDRESS CITY-ST-ZIP DESTIN FL DELETE ALTITLE A | NAME | | HAM, MARK | | | | 32 NAME | | I | INGHAM, MARK |
| CITY-ST-ZIP DESTIN FL 34. CITY-ST-ZIP DESTIN FL Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE ALCITY-ST-ZIP TITLE DELETE S1 TITLE DELETE S1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE AMME STREET ADDRESS CITY-ST-ZIP Addition AMME STREET ADDRESS CITY-ST-ZIP Addition Add | STREET ADDRESS | | · · · | | | | 3.3 STREET | AD | DRESS 🕱 | 154 SHORE DR |
| TITLE NAME Addition AADDRESS CITY-ST-ZIP TITLE DELETE ALCITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP Addition ADDRESS CITY-ST-ZIP Addition ADDRESS CITY-ST-ZIP Addition ADDRESS CITY-ST-ZIP ADDRESS | CITY - ST - ZIP | | | | | | 3.4. CITY-5 | ST- | ZIP L | DESTIN FL 32541 |
| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition DELETE 6.1 TITLE Change Addition Addition TREET ADDRESS CITY-ST-ZIP 1.1 Ido hereby certify that the information supplied with this filling does not qualify for the exemptation 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 path; that I am an officer or director of the recognization or the receiver or trustee amprowmed to exempt this report as required by Change 61. Florida Statutes and that my some | TITLE | | | | DELETE | | 4.1 TITLE | | | |
| CITY-ST-ZIP TITLE TITLE DELETE 5.1 TITLE SAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE SAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE SAME STREET ADDRESS CITY-ST-ZIP 10 DELETE 6.1 TITLE SAME STREET ADDRESS CITY-ST-ZIP 11 do 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 accounted 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 6.77. Florida Statutes: and that my page. | NAME | | | | | | 4.2 NAME | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP SACITY-ST-ZIP DELETE 6.1 TITLE Change Addition Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I do 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 accouple and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corroporation or the receiver or trustee empowered to except this report as required by Chanter 6.17 Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that | STREET ADDRESS | | | | | | 4.3 STREET | AD | DRESS | |
| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE OF ADDRESS CITY-ST-ZIP 1.1 do 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 except this report as required by Chanter 6.47. Florida Statutes: and that my permet. | CITY - ST - ZIP | | | | | | 4.4 CITY-S | T- Z | ZIP | |
| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Change Addition Addition Addition For NAME STREET ADDRESS CITY-ST-ZIP 14. I do 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 accougate and that my signature shall have the same legal effect as if made under oath; that have an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 6.17 Florida Statutes: and that my page. | TITLE | | | | ☐ DELETE | | 5.1 TITLE | | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I do 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 accouple 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 6.17. Florida Statutes: and that my name. | NAME | | | | | | 5.2 NAME | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 14. I do 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 have an officer or director of the corporation or the receiver or trusten empowered to execute this report as required by Chanter 407. Florida Statutes and that my page. | STREET ADDRESS | | | | | | 5.3 STREET | AD | ORESS | |
| NAME STREET ADDRESS CITY-ST-ZIP 14. I do 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 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 page. | CITY-ST-ZIP | ···· | | | | | 5.4 CITY - S | T- 2 | ZIP | |
| STREET ADDRESS CITY-ST-ZIP 14. I do 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 have not accurate an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 47. Florida Statutes and that my page. | TITLE | | | | ☐ DELETE | | 6.1 TITLE | | | Change Addition |
| 14. I do 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 that my signature shall have the same legal effect as if made under oath; that | NAME | | | | | | 6.2 NAME | | | |
| 14. I do 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 Chanter 617. Florida Statutes: and that my pame | STREET ADDRESS | | | | | | 6.3 STREET | AD | ORESS | |
| 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 | | | | | | | | | | |
| | informatio | n indicated Hicer or dire | on this annual report or ctor of the corporation of | supplem or the rec | nental annual report is reiver or trustee empo | s true a | and accu d to exec | nta | te and the | at my signature shall have the same legal affect as if made under goth: that |

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

214197

Posterio Phone di Annonce

FILED

Feb 07 1997 8:00am

Secretary of State

1884/801 001 1100/ 6434 84010 #6106 8411 01014 01014 0104 0104 1104 1844 1004