FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(6)

D.A.V. CHAPTER 134, INC.

FILED Mar 09 1998 8:00am Secretary of State

ate Incorporated or Qualified	
10/01/1000	

Principal Place of Business Mailing Address					1 30811/81 001 11811 10081 18111 88111 0811 01911 87811 87811 81811 1001				
920 S. HIGHLAND 920 S. HIGHLAND MOUNT DORA FL 32757 MOUNT DORA FL 32757						3. Date Incorporated or Qualified 10/01/1986			
						4. FEI Number	Applied For		
·						59-2888579	Not Applicable		
2. Principal Place of Business 2a. Mailing Address 21						5. Certificate of Status Desired	8.75 Additional Fee Required		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5.00 May Be		
22		27				Trust Fund Contribution	Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association?			
23	28]					☐ Yes ☐ No			
Ziρ □	Country	Zip	_	untry		8. This corporation owes or has paid the current Personal Property Tax due June 30.			
24	9. Name and Address of Curi	29	30	т		Personal Property Tax due June 30. LJ Y 10. Name and Address of New Registered Age			
	y. Name and Address of Curr	eur uedisteren whenr		81	Name	10, Italia and Addises of New Hogistales Age			
001 84/41									
	RTZ, PHILIP G.			82 Street Address (P.O. Box Number is Not Acceptable)					
	JTH HIGHLANDS ST			83					
MI. DO	RA FL 32757								
				84	City	FL 8	5 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.		AND DIRECTORS	13.		argitatoro re	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12		
TITLE	PD	DELETE		TITLE	1	CALIN ON DER	Change		
NAME	SCHWARTZ, TED	_	1.21	NAME	PD 5	TERLING CLARK UR.			
STREET ADDRESS	1309 E 5TH AVE.		1,3 5	STREET A	DDRESS T	AR CASSADY ST.	i		
CITY-ST-ZIP	MT. DORA FL	,		CITY-ST-	7IP J	IMATILLA FL.	ا ر		
TITLE	VD	DELETE	_	TITLE &	, _	a la allementarion de la Carlle	Change Addition		
NAME	STERLING, CLARK JR.		2.21	NAME ¥	الدا	land at let			
STREET ADDRESS	128 CASSADY ST.		2.3 9	STREET A	DDRESS 6	LII DYKIS DR.			
CITY-ST-ZIP	UMATILLA FL		- 1	CITY-ST	7	AVARIES FL 32978-3513			
TITLE	TD	DELETE	3.1 1	TITLE			Change		
NAME	STEIGER, HARRY		3.21	NAME					
STREET ADDRESS	227 PARDISE SOUTH		3.3 9	STREET A	DDRESS				
CITY-ST-ZIP	LEESBURG FL		3.4.	CITY-ST	- ZIP				
TITLE	8	☐ DELETE	4.11	TITLE			Change		
NAME	SCHWARTZ, PHILIP G.		4.2	NAME					
STREET ADDRESS	832 LOCK RD.		4.3 9	STREET A	DDRESS				
CITY-ST-ZIP	LEESBURG FL		4,4 (CITY-ST-	ZIP				
TITLE		DELETE	5.1 1	TITLE			Change		
NAME			5.21	NAME					
STREET ADDRESS			5.3 9	street a	ODRESS				
CITY-ST-ZIP			5.4 (CITY-ST-	ZIP .				
TITLE		☐ DELETE	6.1 1	TITLE			Change		
NAME			6.21	NAME	- 1				
STREET ADDRESS			6.3 5	street a	DORESS				
CITY-\$T-ZIP	;		6.4 (CITY-ST-	ZIP				

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.