FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

FILED

Mar 31 1998 8:00am

Secretary of State

Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N18641

(3)

THE LLOYD TRIPLEX HOMEOWNERS' ASSOCIATION, INC.						
Principal Place of Business Mailing Address			·			T HERTINGT OR KLOOT IGHTA ONTHY OLDEN THAT CHICK CITETY CUTTY CHONT SHART CITETY (CONT.)
5505 GRANADA BLVD. SEBRING FL 33872		5605 GRANADA BLVD. SEBRING FL 33872			3. Date Incorporated or Qualified 01/07/1987 4. FEI Number Applied For NOT APPLICABLE Not Applied be	
2. Principal Place of Business above 2a. Malling Address 21 5 t / 5 h / N G t C 26 a leave						6. Certificate of Status Desired Sea Required
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & State 23						7. Is this nonprofit corporation a homeowners association? Yes No
24 33572 28 He de Car & 29 30				ntry		8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
HARRIS, BERT J., IN 212 INTERLAKE BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
				83		
LAKE PL	ACID FL 33852		l			
			l	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						
12.	Signature, typed or printed name of registered agent OFFICERS AND		: Registered	Agei	nt algnature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		PD DELETE 1.11		LE		☐ Change ☐ Addition
NAME	HUMPHREY, ROBERT		1.2 NA	ME		-
STREET ADDRESS	5505 GRANADA BLVD.		1.3 \$11	REET	ADDRESS	
CITY-ST-ZIP			1.4 CIT	Y-ST	T-ZIP	
TITLE			2.1 TIT	Œ		Change Addition
NAME			2.2 NA	2.2 NAME		
STREET ADDRESS	•		2.3 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CF	_	T-ZIP	
TITLE			3.1 TIT			☐ Change ☐ Addition
NAME				3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP TITLE			3.4. CI		II-ZIP	Change Addition
NAME			4.2 NA			
STREET ADORESS			1		ADORESS	
CITY-ST-ZIP			4.4 CIT			
TITLE		DELETE	5.1 T/T			☐ Change ☐ Addition
NAME			5.2 NA	ME	ı	
STREET ADDRESS			5.3 STF	REET .	ADDRESS	
CITY-ST-ZIP			5.4 CIT	Y- 51	T-21P	
TITLE		☐ DELETE	6.1 TIT	LΕ		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STI	REET	ADDRESS	•
CITY-ST-ZIP		M-1 - #11	6.4 CIT			O
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: Bober + G Humphies Propal Gunghuy 26 mar 98 9413829923