

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18850** (0)
1. Corporation Name
BOB'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 20 N ORANGE AVE #700 ORLANDO FL 32801	Mailing Address 20 N ORANGE AVE #700 ORLANDO FL 32801
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3. Date Incorporated or Qualified
01/21/1987

4. FEI Number 59-2785320	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 500 N. Maitland Ave. Suite, Apt. #, etc. 22 Suite 203 City & State 23 Maitland FL Zip 24 32751	2a. Mailing Address 26 500 N. Maitland Ave. Suite, Apt. #, etc. 27 Suite 203 City & State 28 Maitland FL Zip 29 32751 Country 30 USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COLLING, LEE JAY
20 N-ORANGE AVENUE, STE 700
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	500 N. Maitland Ave.
83	Suite 203
84 City	Maitland
85 Zip Code	FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, CAROL A	
STREET ADDRESS	BOB'S LANDING PARK LOT 36	
CITY - ST - ZIP	BABSON PARK FL 33827	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FOLKERTH, DONNA	
STREET ADDRESS	BOB'S LANDING PARK LOT 6	
CITY - ST - ZIP	BABSON PARK FL 33827	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KOHLER, PHYLLIS	
STREET ADDRESS	BOB'S LANDING PARK LOT 49	
CITY - ST - ZIP	BABSON PARK FL 33827	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KOHLER, BERT	
STREET ADDRESS	BOB'S LANDING PARK LOT 49	
CITY - ST - ZIP	BABSON PARK FL 33827	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, MARVIN	
STREET ADDRESS	BOB'S LANDING BOX 22	
CITY - ST - ZIP	BABSON PARK FL 33827	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS ROBERTS, BECKY
3.3 STREET ADDRESS	BOB'S LANDING PARK LOT 46
3.4 CITY - ST - ZIP	BABSON PARK, FL 33827
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: **Bert Kohler** **BERT KOHLER** **2-12-98** **941-638-3404**

CR2E037 (10/97)