| NON | | | G FEE IS \$61.25 | | | ILED |
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| | PORATION | | 3 | TMENT OF STATE | Apr 11 | 1997 8:00ai |
| ANNUAL REPORT | | | | y of Etate | Secretary of State | |
| 1997 | | A CONTRACTOR | DIVISION OF C | ORPORATIONS | | ary of State |
| Corporation I | 1ENT # Name | N18980 | (5) | | | |
| GREEN | gate "IV" Coi | NDOMINIUM AS | SOCIATION, INC. | | A DEDITIONE OF ADDA ADDA ADDA ADDA | R ANGI ARRIK ARRIK MINIT ARNIK ARRIK ARRIK KARI |
| rincipat Place d | of Business | | Mailing Address | | | |
| 351 GREENGAT | | | % BENSON'S | | | |
| ' MYERS FL 33 S | 1919 | | 12650 WHITEHALL DR FT MYERS FL 33907-3619 | | 2 Data transmitted or Outlinet | |
| Principal Dia | en of Duginast | | US | ······································ | 3. Date Incorporated or Qualified 01/28/1987 | 3a. Date of Last Report 04/05/1996 |
| Principal Place of Business | | | 28. Mailing Address 26. GOEAKKSON REDUTT | | 4. FEI Number 65-0039380 | Applied For Not Applicable |
| Suite, Apt. #, | , etc. | | Suite, Apt. #, etc. 7 9695 Courte | c / Kun - 3/0 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | | City & State FT. MYEM | I FL. | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Żip | | intry | Zip | Country | B. This corporation has liability for | |
| | 9. Name and Ad | dress of Current Re | | 30 (/)/J | Florida Statutes 10. Name and Address of New Re | Yes X No |
| | | | | 81 Name E | ERICKSON REDLTY, IL | |
| BENSON, 12650 WH | mahk R. HTEHALL DRIVE | w V Territ | | 82 Street Add | RILKION DONACCEPTAT | |
| FT MYERS | | | | 83 | | |
| | | | | 0 | | |
| • | | | | 84 City F7 | ElyEal | B5 Zip Code |
| . Pursuant to t | the provisions of S | ections 617,0502 and | d 617, 508, Florida Statute | | Poration submits this statement for the p | FI 270.0 |
| | the provisions of S jistered egent, or b familiar with, and | ections 617,05()2 and Wy in the state of P gept the objection | d 617,7508, Florida Statute oridal Such change was au s of, Section 617.0503, Flor | s, the above-named corputhorized by the corpora ida Statutes. | Poration submits this statement for the pation's board of directors. I hereby acce | FI 2740 |
| gnature 🗸 | -CCA14 | ections 617,0512 and Wr in the State of Pr rept the obligations | 2-10 | s, the above-named corpora uthorized by the corpora ida Statutes. | KIKJAN | FI 2740 |
| | gnature, typed or pripted n | | lifte if applicable NOTE | s, the above-named corr thorized by the corpora ida Statutes. Hegistered Agent signature required 13. | KIKJAN | FL 339/9 purpose of changing its registered of the appointment as registered 3/18/97 DATE CERS AND DIRECTORS IN 12 |
| | priature, typed or pripied n | Nime of registered agent and OFFICERS AND DIF | litle if applicable NOTE | s, the above-named corr uthorized by the corpora ida Statutes. | C/CJON (red when reinstating) | FL 339/9 purpose of changing its registered put the appointment as registered 3/19/97 DATE |
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| BNATURE Sig Sig AE EET ADDRESS (- ST-ZIP E | PD GORDON, ROB 13351 GREENG FORT MYERS F VD | NIME # registered agent and OFFICERS AND DIF ERT DATE BLVD. #426 L | lifte if applicable NOTE | s, the above-named corporation of the corporation o | C/CJON (red when reinstating) | FL 339.9 purpose of changing its registered pointment as registered Jare Date CERS AND DIRECTORS IN 12 Change Addition |
| BNATURE Sig E E EEET ADDRESS (- ST-ZIP E E | PD GORDON, ROB 13351 GREENG FORT MYERS F VD SNYDER, JEAN | Nime Fregistered agent and OFFICERS AND DIF ERT ATE BLVD. #426 -L | Lifle if applicable NOTE RECTORS | s, the above-named corputborized by the corporation statutes. | C/CJON (red when reinstating) | FL 33.9.9 purpose of changing its registered purpose of changing its registered pare Date Date CERS AND DIRECTORS IN 12 Change Addition |
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