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

FILED
Mar 16 1998 8:00am
Secretary of State

DOCUMENT # N19816 (O)
1. Corporation Name

BLUE PARROT RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JONTHAN S. DEAN P.O. BOX 490008 LEESBURG FL 34749-7008	40840 CR 25 P.O. BOX 490008 LADY LAKE FL 32159 US

3. Date Incorporated or Qualified
03/24/1987

4. FEI Number **59-2786906** — Applied For / Not Applicable

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

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] / Country [25]	Zip [29] / Country [30]

9. Name and Address of Current Registered Agent

DEAN, JONATHAN S.
900 NORTH 14TH STREET
LEESBURG 94749

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P c c ☐ DELETE NAME HEIDENREICH, RICHARD STREET ADDRESS 40840 CR 25 LOT 44 CITY-ST-ZIP LADY LAKE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T ☐ DELETE NAME MULLEN, JEANETTE STREET ADDRESS 40840 CR 25 LOT 382 CITY-ST-ZIP LADY LAKE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S ☐ DELETE NAME WESSELBY, GILLIAN STREET ADDRESS 40840 CR 25 LOT 365 CITY-ST-ZIP LADY LAKE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D ☐ DELETE NAME BETTS, JOHN STREET ADDRESS 40840 CR 25, LOT 93 CITY-ST-ZIP LADY LAKE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D ☐ DELETE NAME POWELL, DON STREET ADDRESS 40840 CR 25, LOT 15 CITY-ST-ZIP LADY LAKE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE BD ☐ DELETE NAME BLACKBURN, MURRAY STREET ADDRESS 40840 CR 25, LOT 158 CITY-ST-ZIP LADY LAKE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/97)

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: _Jeanette Mullen, Treas._   3/5/98   352-753-0051