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NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(6)

**FILED** Mar 09 1998 8:00am Secretary of State

Principal Plac	E., INC. (SHORES ACTION							
Maning Address						F reaction and title series itter 1919 Alft Billi)	. 41911 81811 61811 8	INDIN DAĞIN ABBI
BAFE INC.		498 OAK ROAD				3. Date Incorporated or Qualified		<u> </u>
الزورة الصروب	· <del>-</del>	US			<b>\$</b>	04/27/1987 4. FEI Number		
U8	A-4					NOT APPLICABLE	——	pplied For ot Applicable
2. Principal P	lace of Business	2a. Mailing Address		··				Additional
21		26		5. Certificate of Status Desired		equired		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00		
City & Stat		City & State				Trust Fund Contribution	Added to	****
23		28			7. Is this nonprofit corporation a homeowners association?			
Zip			Zip Country			8. This corporation owes or has paid the current year intangible		
24			30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registere	d Agent	
			8	Name				
EDELMAN, PENNY			8	2 Street	Addre	ddress (P.O. Box Number is Not Acceptable)		
51 HICKORY TRACK WAY				13				
UCALA	FL 84472-2463		•					
			8	4 City		F	85 Zip (	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Stat	utes the abo	ve-named	Corpo	ration submits this statement for the purpose		s registered
l office or r	egistered agent, or both, in the Sta im familiar with, and accept the ob-	ste of Florida. Such change wa:	s authorized	by the con	poratio	n's board of directors. I hereby accept the ap	ppointment as	registered
	in familiar with, and accept the op-	ilgations of, Section 617.0503, I	FIORIDE STATUS	188.				ļ
SIGNATURE .	Signature, typed or printed name of registered							
	Digitaliat () bod of branco route or reflete on	agent and title if applicable. (N	OTE: Registered A	gent signature	e required	when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	OTE: Registered A	gent signature	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	
TITLE	OFFICERS A				e required			IS IN 12
TITLE NAME	P GIL HANLON	AND DIRECTORS	13. 1.1 TITLI 1.2 NAM	E E	e required		ND DIRECTOR	_
TITLE NAME STREET ADDRESS	P GIL HANLON 6 HICKORY TRACK RUN	AND DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRE	E EET ADORESS	e required		ND DIRECTOR	_
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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 13 if changed, or on an attachment with an address.

PENNY EDELMAN

3/1/98 352-687-0850