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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Suite, Apt. #, etc. Suite Function of Contribution Added to Fees Pacquired Personal Property Tax Application of Added to Fees Added to Fees The Country Suite, Apt. #, etc. Suite, Apt.
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City & State City & State City & State City & State T. Is this nonprofit corporation a homeowners association? The purpose of country Zip Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No No No No No No N
Zip Country Zip Country Zip Country 23 30 S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
25 29 30 Personal Property Tax due June 30. Personal Property Tax due June 30. No. No. No. No. No. No. No. N
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name ELLIS, STEPHEN 1800 2ND STREET, SUITE 806 SARASOTA FL 34236 23 24 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 agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD
ELLIS, STEPHEN 1800 2ND STREET, SUITE 806 SARASOTA FL 34236 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 City FL BS Zip Code 89 City FL BS Zip Code 80 City FL BS Zip Code 80 City FL BS Zip Code 81 City FL BS Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL BS Zip Code 84 City FL BS Zip Code 85 City FL BS Zip Code 86 City FL BS Zip Code 87 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 86 City FL BS Zip Code 87 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 88 City FL BS Zip Code 89 City FL BS Zip Code 80 City FL BS Zip Code 80 City FL BS Zip Code 81 City FL BS Zip Code 82 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 83 City FL BS Zip Code 84 City FL BS Zip Code 85 City FL BS Zip Code 86 City FL BS Zip Code 87 City FL BS Zip Code 88 City FL BS Zip Code 89 City FL BS Zip Code 80 City FL BS Zip Code 80 City FL BS Zip Code 80 City FL BS Zip Code 81 City F
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 reinstalling) DATE
SARASOTA FL 34236 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 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, hyped or printed name of registered agent and title if applicable 12.
T1. 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD HUDSON, MARY B STREET ADDRESS 3550 GALT OCEAN DR 1110 1.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP MAME KLAMM, DONNA LOBELTE 2.1 TITLE VPD LOBELTE 2.2 NAME LOBELTE 2.3 NAME LOBELTE Addition Addition
PL 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 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 SIGNATURE SIGNATURE SIGNATURE PD CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD DELETE 1.1 TITLE PD Addition 1.2 NAME HUDSON, MARY B STREET ADDRESS 3550 GALT OCEAN DR 1110 1.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL DELETE 1.4 CITY-ST-ZIP ADMISSIONATION 1.5 STREET ADDRESS CITY-ST-ZIP TITLE VPD LIDELETE 2.1 TITLE VPD KLAMM, DONNA LIDELETE 2.1 TITLE VPD LIDELETE 2.1 TITLE VPD LIDELETE 2.1 TITLE VPD LIDELETE 2.1 TITLE VPD KLAMM, DONNA LIDELETE 2.2 NAME LIDELETE 2.3 NAME LIDELETE 2.4 NAME LIDELETE 2.5 NAME LIDELETE 2.6 NAME LIDELETE 2.7 NAME LIDELETE 2.8 NAME LIDELETE 2.9 NAME LIDELETE 2.1 TITLE VPD LIDELETE 2.1 TITLE VPD LIDELETE 2.2 NAME LIDELETE 2.3 NAME LIDELETE 2.4 NAME LIDELETE 2.5 NAME LIDELETE 3.4 CHANGAL LIDELETE 4.4 CHANGAL LIDELETE
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 12.
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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 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED

Feb 03 1998 8:00am