## **FILE NOW: FILING FEE IS \$61.25**

## FILED NONPROFIT Feb 06 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

| DOCUMENT # N23679 (6)  LOT 95, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATI ON, INC.  Principal Place of Business  Mailing Address  SSSD MATAKZAS DR.  P.O. BOX 358  RONAEBUNK ME 6009 US  2. Principal Place of Business  2. Mailing Address  P.O. BOX 358  RONAEBUNK ME 6009 US  3. Date Incorporated or Qualified  12/01/1987  4. FEI Number  Sy-2881335  P.O. BOX 358  P.O. BOX 358  RONAEBUNK ME 6009 US  Suite, Apt. R. etc.  2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Mailing Address  Suite, Apt. R. etc.  2. Principal Place of Business  2. Suite, Apt. R. etc.  2. Principal Place of Business  2. Mailing Address  Suite, Apt. R. etc.  2. Suite, Apt. R. etc.  3. Datte Incorporated or Qualified  3. December 1. Suite |
|--|
| ON, INC. Principal Place of Business  Mailing Address  P.O.DX 398  R. T. P. E. DX 398  R. This corporation ower on has parend and enderson of the corporation of the purpose of heavy and and enderson of Poper of heavy and and enderson of Poper of heavy and and e |
| SSIGN MATANZAS DR SERNING FL 38872 US  PORON 3 SERVENCEUNK ME 04043 US  SUBLE APIL Re INcurber  SP2881395 Not Applicable  SB17 Additional  Fee Required  Fee Required  SB17 Additional  Fee Required  Fee Required  SB17 Additional  Fee Required  SB18 APIL Re, etc.  SB1 |
| SEPRING FL 38872 US  SERING FL 38872 US  SERING FL 38872 SURE, Apt. #, etc.  27  Suite, Apt. #, etc.  28  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  Suite, Apt. #, etc.  29  Clay & State  29  County  29  Age of County  39  Age of County  30  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  County  29  Age of County  29  Age of County  39  Age of County  48  This corporation owes or has paid the current year intangible Personal Property Tax due June 30  Age of No.  Annual Address of Current Registered Agent  10, Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Situtues, the Apt. # age of Property Tax due June 30  Age of County  Seprint I am familiar with, and accept the obligations of, Section 617,503, Richida Situtues, the Apt. # age of Property Tax due June 30  SIGNATURE  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Situtues, the Apt. # age of Property Tax due June 30  Age of County  Age of C |
| SERRING FL 3872   KENNEUINK ME 04043 US   12/01/1987   Applied For SP-2881395   Not Applicable   SP-2881395   SP-2881395   SP-2881395   Not Applicable   SP-2881395   S   |
| A. FEI Number   Applied For    |
| 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #,  |
| Suite, Apt. #, etc.  Suite, Ap |
| Trust Fund Contribution Added to Fees  City & State  28  |
| City & State   |
| Country   Zip   25   |
| 9. Name and Address of Current Registered Agent  MORLOWE J. LEBORGE 5930 MATANZAS DR. SEBRING FL 33872  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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and tide if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTD   DELETE   1.1 TITLE   Change   Addition  NAME   SEBRING FL   2.2 NAME    SEBRING FL   2.2 NAME   2.2 NAME    SEBRING FL   2.4 CITY-ST-ZIP    TITLE   DELETE   3.1 TITLE   Change   Addition    NAME   STEFFOD, LESTER   2.2 NAME    SEBRING FL   2.4 CITY-ST-ZIP    TITLE   DELETE   3.1 TITLE   Change   Addition    NAME   HOWERTOW, WILLIAM   3.2 NAME    STREET ADDRESS   5930 MATANZAS DR   3.3 STREET ADDRESS    SEBRING FL   2.4 CITY-ST-ZIP    TITLE   DELETE   3.1 TITLE   Change   Addition    NAME   HOWERTOW, WILLIAM   3.2 NAME    STREET ADDRESS   5930 MATANZAS DR   3.3 STREET ADDRESS    SEBRING FL   3.4 CITY-ST-ZIP    TITLE   DELETE   3.1 TITLE   Change   Addition    NAME   HOWERTOW, WILLIAM   3.2 NAME    STREET ADDRESS   5930 MATANZAS DR   3.3 STREET ADDRESS    SEBRING FL   3.4 CITY-ST-ZIP    TITLE   Change   Addition    NAME   HOWERTOW, WILLIAM   3.2 NAME    STREET ADDRESS   5930 MATANZAS DR   3.3 STREET ADDRESS    SEBRING FL   3.4 CITY-ST-ZIP    TITLE   Change   Addition    NAME   City   ST-ZIP    SEBRING FL   3.4 CITY-ST-ZIP    TITLE   Change   Addition    NAME   Addition   Addition    NAME   ADDITIONS/CHANGES    SEBRING FL   Change   Addition    NAME   ADDITIONS/CHANGES    SEBRING FL   Change   Addition    NAME   ADDITIONS/CHANGES    SEBRING FL   Change   Addition    NAME   ADDITIONS/CHANGES    SEBRING FL   Chan |
| MORLOWE J. LEBORGE 5930 MATANZAS DR. SEBRING FL 33872  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 817.0503, Florida Statutes.  SIGNATURE Signature, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reliasting)  DATE  Signature, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reliasting)  DATE  Signature, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reliasting)  DATE  Signature, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reliasting)  DATE  Signature, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reliasting)  DATE  Signature, hyped or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reliasting)  DATE  12. OFFICERS AND DIRECTORS in 12  ITILE  13. ITILE  14. Change Addition  Addition  SEBRING FL  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  Change Addition  Addition  SEBRING FL  Change Addition  SIGNATURE  14. ITILE  15. Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  ADDITIONS/CHANG |
| SEBRING FL 33872  11. Pursuant to the provisions of Sactions 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, corporation's board of directors. I hereby accept the appointment as registered agent amount as registered agent and title if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required whon reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTD  DELETE  1.1 TITLE  Change  Addition  NAME  SEBRING FL  1.4 CITY-ST-2IP  TITLE  DELETE  3.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  Addition  Addition  PTL  Change  Addition  DELETE  1.1 TITLE  Change  Addition   |
| SEBRING FL 33872  11. Pursuant to the provisions of Sactions 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, corporation's board of directors. I hereby accept the appointment as registered agent amount as registered agent and title if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required whon reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTD  DELETE  1.1 TITLE  Change  Addition  NAME  SEBRING FL  1.4 CITY-ST-2IP  TITLE  DELETE  3.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  Addition  Addition  PTL  Change  Addition  DELETE  1.1 TITLE  Change  Addition   |
| SEBRING FL 33872    84   City  |
| 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.   |
| SIGNATURE    Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registored Agent signature required when reinstating)   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   |
| SIGNATURE    Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registored Agent signature required when reinstating)   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   |
| Signature, typed or printed name of registored agent and tile if applicable. (NOTE: Registored Agent signature required when reinstating.)   DATE  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PTD  |
| NAME   LE BARGE, MARLOWE J   1.2 NAME  |
| STREET ADDRESS   5930 MATANZAS DR   1,3 STREET ADDRESS   SEBRING FL   1,4 CITY-ST-ZIP  |
| SEBRING FL   |
| TITLE         SDD         DELETE         2.1 TITLE         Change         Addition           NAME         STEFFOD, LESTER         2.2 NAME   |
| NAME         STEFFOD, LESTER         22 NAME           STREET ADDRESS         5930 MATANGOS DR         2.3 STREET ADDRESS           CITY-ST-ZIP         SEBRING FL         2.4 CITY-ST-ZIP           TITLE         VD         DELETE         3.1 TITLE         Change         Addition           NAME         HOWERTOW, WILLIAM         3.2 NAME         3.2 NAME           STREET ADDRESS         5930 MATANZAS DR         3.3 STREET ADDRESS           CITY-ST-ZIP         SEBRING FL         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition   |
| STREET ADDRESS   5930 MATANGOS DR   2.3 STREET ADDRESS   |
| CITY-ST-ZIP         SEBRING FL         2.4 CITY-ST-ZIP           TITLE         VD        DELETE         3.1 TITLE        Change        Addition           NAME         HOWERTOW, WILLIAM         3.2 NAME  |
| TITLE         VD         DELETE         3.1 TITLE         Change         Addition           NAME         HOWERTOW, WILLIAM         3.2 NAME         3.2 NAME           STREET ADDRESS         5930 MATANZAS DR         3.3 STREET ADDRESS           CITY-ST-ZIP         SEBRING FL         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition  |
| STREET ADDRESS  GITY-ST-ZIP  SEBRING FL  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  JELETE  Addition  |
| CITY-ST-ZIP SEBRING FL 3.4.CITY-ST-ZIP  TITLE DELETE 4.1 TITLE Change Addition   |
| TITLE DELETE 4.1 TITLE Change Addition   |
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| NAME   4.2 NAME  |
| STREET ADDRESS 4.3 STREET ADDRESS  |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  |
| TITLE DELETE 5.1 TITLE Change Addition   |
| NAME 5.2 NAME  |
| STREET ADDRESS 5.3 STREET ADDRESS  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  |
| TITLE DELETE 6.1 TITLE . Change Addition   |
| NAME 62 NAME   |
| STREET ADDRESS   6.3 STREET ADDRESS  |
| CITY-ST-ZIP  |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.