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NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

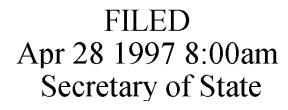
DOCUMENT #

(9)

REVELS SUBDIVISION PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address





201 REVELS COURT N.W. P.O. BOX 362 BOCA GRANDE FL 33921					201 REVELS COURT N.W. P.O. BOX 362 BOCA GRANDE FL 33921-0362						porated or Qualified 3/1987		e of Last I		
2.	Principal Place of	Business	2a	2a. Mailing Address					4. FEI Number	•	.L	_ 	pplied For		
21				\vdash	26					65-0	048481			lot Applicable	
22	Suite, Apt. #, etc.			27	Suite, Apt. i	⊭, etc.				5. Certificate	of Status Desired		\$8.75	Additional Required	
City & State				-	City & State					6. Election C	ampaign Financing			May Be	
23				26	26					l l	Trust Fund Contribution Added to Fees				
	Zip		Country		Zip Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	25				9 30					Florida Statutes Yes X No					
9. Name and Address of Current Registered Agent								T		10. Name and	Address of New Re	gistered A	gent		
							{	B1	Name						
REVELS, ERNEST W. JR.					82			B2	Street Address (P.O. Box Number is Not Acceptable)						
ļ	201 REVELS (·			·		
	BOCA GRAND	DE FL 33	921				,	B3							
							8	B4	City			FL	85 Zip	Code	
11	Purguant to the r	nrovisions	of Sections 617	0502 and 6	617 1509 Flor	ida Statutor	e though	OVO	-nemod c	parnoration submits t	nie etatament for the n		phonoina	ite registered	
'''	office or register	ed agent	or both, in the Stand accept the ob	ate of Flor	ida. Such cha	inge was au	thorized	by	the corp	oration's board of dire	nis statement for the pectors. I hereby accep	t the appo	intment a	s registered	
		mar wiin, e	and accept the or	nigalions t	oi, section o i	r.uaua, mor	ioa siaiu	nes.							
SI	GNATURESignature	e, typed or pr	inted name of registered	agent and title	le il applicable.	(NOTE:	Rog stored	Agen	nt signature r	required when reinstating)		DATE		· · · · · ·	
12			OFFICERS	AND DIRE	CTORS		13.		.	ADDITIONS	/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TIT	, , -					DELETE	1.1 TITL	Æ					Change	Addition	
NA	ME RU	issell,	MEINKEE				1.2 NAN	ΑE							
STF	STREET ADDRESS 231 REVELS CT. N.W. CITY-ST-ZIP BOCA GRANDE FL.				1.3 \$1			££1.4	ADDRESS						
			INDE FL				1.4 CITY	Y- ST	- ZIP						
TIT	,		~= **			DELETE	2.1 TITL		-			L) Change	Addition	
	NAME: FLOWERS, REVIS				2.2 NA										
	STREET ADDRESS 240 REVELS CT. N.W.								ADDRESS						
			UN FL			NEI ETE	2. 4 CIT		T-ZIP			т	Chassa	- Addition	
	TITLE TD NAME REVELS, ERNEST				DELETE 3.171							L	Change	Addition	
ł	STREET ADDRESS 201 REVELS CT. N. W.				3.2 N										
CITY-ST-ZIP BOCA GRANDE FL									ADDRESS						
TITE		ON OIL	WIDE I E			DELETE	3.4. CIT		1-217				Change	☐ Addition	
NAI	•						4. 2 NAI								
	EET ADDRESS								ADDRESS						
	Y-ST-ZIP						4.4 City								
TIT						ELETE	5.1 TITL	_				1	Change	Addition	
NAME				5.2 NA			AE.	ŀ				-			
STR	EET ADDRESS						5.3 STR	EET A	ADDRESS						
CIT	Y-ST-ZIP						5.4 CiTy	/- ST	- ZIP						
TITI	LE	<u> </u>				DELETE	6 1 TITL	.E				[Change	Addition	
NAI	ME						62 NAM	ΛE	1						
STR	REET ADDRESS						63 STR	EET A	ADDRESS						
СП	Y-ST-ZIP						6.4 CITY	/-ST	- ZIP						

I do hereby certify that the information supplied with this filling 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 planged, of on all attachment with an address.

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