

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26446** (7)

1. Corporation Name

LOT 113, BLOCK 275, UNIT 13, HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5588 MATANZAS DR.
SEBRING FL 33872
US

5588 MATANZAS DR.
SEBRING FL 33872
US

3. Date Incorporated or Qualified

05/16/1988

4. FEI Number

59-2927235

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5588 matanzas DR.
Suite, Apt. #, etc.

26 3318 Sunrise DR.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sebring, FL

28 Sebring, FL

24 Zip

25 Country

29 Zip

30 Country

33872

USA

33872

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAERTSCH, NORINE
5588 MATANZAS DRIVE
SEBRING FL 33872

81 Name

NORINE HAERTSCH

82 Street Address (P.O. Box Number is Not Acceptable)

83

3318 SUNRISE DRIVE

84 City

SEBRING

FL

85 Zip Code

33872

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAERTSCH, ROBERT	
STREET ADDRESS	5588 MATANZAS DRIVE	
CITY-ST-ZIP	SEBRING FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIZZO, SALLY	
STREET ADDRESS	15480 KILMARNOCK DR.	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HAERTSCH, NORINE	
STREET ADDRESS	5588 MATANZAS DRIVE	
CITY-ST-ZIP	SEBRING FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAERTSCH, ROBERT	
1.3 STREET ADDRESS	3318 SUNRISE DRIVE	
1.4 CITY-ST-ZIP	SEBRING, FL 33872	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAERTSCH, NORINE	
3.3 STREET ADDRESS	3318 SUNRISE DRIVE	
3.4 CITY-ST-ZIP	SEBRING, FL 33872	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Norine Haertsch NORINE HAERTSCH 4-13-98 941-314-0913

CR2E037 (10/97)