


FILED

Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26446⁰² (7)					
1. Corporation Name LOT 113, BLOCK 275, UNIT 13, HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5586 MATANZAS DR. SEBRING FL 33872 US			Mailing Address		
2. Principal Place of Business 21 5586 MATANZAS DR. Suite, Apt. #, etc.		2a. Mailing Address 26 15460 KILMARNOCK DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/16/1988	
22. City & State 23 SEBRING FL Zip Country 24 33872 25 USA		27. City & State 28 FT MYERS FL Zip Country 29 33912 30 USA		4. FEI Number 59-2427235 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KAERTSCH, NORINE 3318 SUNRISE DRIVE SEBRING, FL 33872			10. Name and Address of New Registered Agent 81 Name SALLY RIZZO 82 Street Address (P.O. Box Number is Not Acceptable) 15460 KILMARNOCK DRIVE 83 84 City FT MYERS FL 85 Zip Code 33912		
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: <u>SALLY RIZZO</u> <u>SALLY RIZZO</u> <u>5/7/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME RD KAERTSCH, ROBERT STREET ADDRESS 5588 MATANZAS DR. CITY-ST-ZIP SEBRING, FL 33872			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME RD DEMARKEY, JOHN 1.3 STREET ADDRESS 5588 MATANZAS DR. 1.4 CITY-ST-ZIP SEBRING, FL 33872		
TITLE <input type="checkbox"/> DELETE NAME VD RIZZO, SALLY STREET ADDRESS 15460 KILMARNOCK DR. CITY-ST-ZIP FT MYERS, FL 33912			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME STD KAERTSCH, NORINE STREET ADDRESS 3318 SUNRISE DR. CITY-ST-ZIP SEBRING, FL 33872			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME STD STONEBURNER, CONRAD 3.3 STREET ADDRESS 5584 MATANZAS DR. 3.4 CITY-ST-ZIP SEBRING, FL 33872		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: SALLY RIZZO SALLY RIZZO 4/18/99 941-768-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)