## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N31290

(2)

PARK VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED	
Feb 09 1998 8:00am	1
Secretary of State	

Principal Place of Business Mailing Address									- I 1008HUU 000 MUU 11010 II		'I DIBIT BUDIT BUBIT	91611 91811 (861
P.O. BOX 1057 P.O. BOX 1057									3. Date Incorporated or Qualifie	<u></u>		
RUSKIN FL 33	1570		สบ	SKIN FL 33570					03/21/1989	-		
									4. FEI Number		A	pplied For
									59-2936256		N N	ot Applicable
2. Principal f	a. Mailing Address					5. Certificate of Status Desired		• • •	Additional Regulred			
Suite, Apt. #, etc. Suite, Apt. #, etc.					c.				6. Election Campaign Financing		\$5.00	
22 27				7					Trust Fund Contribution		Added	
City & Star 23	te	City & State					7. Is this nonprofit corporation a homeowners association?					
Zip	Zip Country			Zip Coun			/		8. This corporation owes or has			tenoible
24	25		29		34	_			Personal Property Tax due Ju	•		□ No
	9. Name and	Address of Curr	ent Regist	lered Agent					10. Name and Address of New		ed Agent	
						81	Name	9				•
LONG.	AARON R. JR.					82	Street	L Addres	ss (P.O. Box Number is Not Accep	table)		
	SHELL POINT R	OAD				"	30000	. Addies	ss (F.O. Box Number is Not Accep	lanie)		
	FL 33570					83						
						-					<del></del>	
						84	City			F	85 Zip	Code
11. Pursuant office or agent is	to the provisions registered agent, arm familiar with a	of Sections 617.05 or both, in the Sta	502 and 61 te of Florid	17.1508, Florida la. Such change Section 617.05	Statutes, was auti	the above	e-named the co	d corpoi rporatio	ration submits this statement for the n's board of directors. I hereby acc	purpose cept the a	e of changing i	its registered registered
	arra ngarannicar sentri c	wig goodpt tild obli	iganona or,	, 000.11011011.000	oo, mone	a Glaidio	<b>.</b>					
SIGNATURE	Signature, typed or pr	nted name of registered a	gent and title I	f applicable	(NOTE: R	egistered Age	ent eignatur	periuper er	when reinstaling)	DATE	<del> </del>	
12.		OFFICERS A	ND DIREC	TORS		13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PD			DELE.	ſE	1.1 TITLE					Change	☐ Addition
NAME	LONG, AAR	on, R., Jr.				1.2 NAME						
STREET ADDRESS	P.O. BOX 1	057 N/A				1.3 STREET	ADDRESS					
CITY-ST-ZIP	RUSKIN FL					1.4 CiTY - S	T-ZIP					
TITLE	VO			☐ DELE	E	2.1 TITLE					☐ Change	☐ Addition
NAME	LONG, COP					2.2 NAME		1				
STREET ADDRESS	P.O. BOX 1	057 N/A				2.3 STREET	ADDRESS	1				
CITY-ST-ZIP	RUSKIN FL					2.4 CITY-5	ST-ZIP					
TITLE	STD			☐ DELE	E	3.1 TITLE					Change	Addition
NAME	ALLMOND,					3.2 NAME						
STREET ADDRESS	P.O. BOX 1	057 N/A				3.3 STREET	ADDRESS	}				
CITY-ST-ZIP	RUSKIN FL					3.4. C/TY - 5	ST - ZIP					
TITLE				DELET	Έ	4.1 TITLE					☐ Change	Addition
NAME						4. 2 NAME						
STREET ADDRESS						4.3 STREET	ADDRESS	1				
CITY-ST-ZIP				·····		4.4 CITY - S	T-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
TITLE				☐ DELET	E	5.1 TITLE					Change	☐ Addition
NAME						5.2 NAME						
STREET ADDRESS						5.3 STREET	address					
CITY-ST-ZIP						5.4 CITY-S	T-ZIP	<u> </u>				
TITLE				☐ DELET	E	6.1 TITLE					☐ Change	Addition
NAME						6.2 NAME						
STREET ADDRESS					i	6.3 STREET	ADDRESS					
CITY-ST-ZIP						6.4 CITY - ST	r-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.

Aaron R. Long, Jr. 813-645-1942