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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT

N31943

(6)

Principal Place of Business PO BOX 1006 HOMOSASSA SPRINGS FL 34447 US 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified Q4/26/1989 4. FEI Number Applied For Not Applied For Sy-2940407 Not Applied For Sy-2940407 Not Applied For Not Applied For Suite, Apt. #, etc. 2. Principal Place of Business 2. Election Campaign Financing Trust Fund Contribution Added to Fee Required 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 3. Date Incorporated or Qualified Q4/26/1989 4. FEI Number 4. Sprincipal Place of Business 5. Certificate of Status Desired 5. Certificate of St
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2. Principal Piace of Business 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 7. Is this nonprofit corporation a homeowners association? 28 Zip Country Zip Country Zip Country S, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WITCS: WATCH SSI WATCH SSI HOMOSASSA FL 34448 83 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyed or printed name of registered agent and title it applicable (NOTE Registered when refratating) OATE
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Again Address of Current Registered Agent Summand Address of Current Registered Agent To be registered Agent 10. Name and Address of New Registered Agent The result 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, typed or privated name of registered agent and title it applicable Signature, typed or privated name of registered agent and title it applicable (NOTE Registered Agent algorator required when refinating) DATE
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City & State City & State City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28 Street Address (P.O. Box Number is Not Acceptable) 19 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 10 Street Address (P.O. Box Number is Not Acceptable) 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 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 releasing) PATE
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28 28 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 84 City 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 86 Signature required when reinstating) CATE
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent NAME 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 11, Name 12, Street Address (P.O. Box Number is Not Acceptable) 13, Name 14, City 15, City 16, City 17, Code 18, City 18, City 18, City 18, City 19, 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. 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 it applicable (NOTE Registered Agent signature required when rehistating) (NOTE Registered Agent signature required when rehistating)
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehistating) OATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
MARE SAMSTAG, EARL C. 12 NAME
STREET ADDRESS 6276 GROVER CLEVELAND BL 1.3 STREET ADDRESS
CITY-ST-ZIP HOMOSASSA SPRINGS FL 1.4 CITY-ST-ZIP Change Addition Change Addition
NAME SELBY, GERRY SUE 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS
CRY-ST-ZIP HOMOSASSA FL 2.4 CRY-ST-ZIP DS XI Change Addition
NAME WEISS, NANCY 32 HAVE
STREET ADDRESS 3630 8 SPRINGBREEZE WAY 3.3 STREET ADDRESS
CITY-ST-ZIP HOMOSASSA FL 3.4. CITY-ST-ZIP
TITLE DS X DELETE 4.1 TITLE DT Change X Addition
NAME SIEBER DOROTHY 4.2 NAME DINGWALL, JENNIE
STREET ADDRESS 4032 SW OAKHURST DRIVE 4.3 STREET ADDRESS 6161 W WAYWARD WIND LOOP
CITY-ST-ZIP HOMOSASSA FL 44 CITY-ST-ZIP HOMOSASSA FL
TITLE DELETE 5.1 YITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP

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 eath; 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.

6.3 STREET ADDRESS

SIGNATURE: ____

The de Amilian Res.

Earl C. Samstag

952-628-5051

FILED

Apr 28 1998 8:00am

Secretary of State