## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Mar 03, 1999 8:00 am § Secretary of State

**FILED** 

03-03-1999 90004 006 \*\*\*\*61.25

## DOCUMENT # N31946

1. Corporation Name

THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HO MEOWNER'S ASSOCIATION, INC.

Principal Place of Business 4078 GATOR TRACE ROAD FT. PIERCE FL 34982 Mailing Address

4078 GATOR TRACE ROAD FT. PIERCE FL 34982 US

- 1   <b>                                  </b>			Ш

2. Principal F	2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualit	fed			
21						04/26/1989				
	Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>			4. FEI Number		Apr	lied For	
22	•	27					65-0191725		Not	Applicable
City & Sta	te	City & Sta	te						\$8.75 A	dditional
23	-	28					5. Certifcate of Status Desired	d - 🔲	Fee Red	quired
Zip	Country	Zip		Country			6. Election Campaign Financi	na	\$5.00	May Be
24	25	29	30	1			Trust Fund Contribution	a 🗆	Added to	• 1
24	9. Name and Address of Curren	<del></del>		<u>'                                    </u>	•		10. Name and Address of Ne	w Registered	Agent	
V. Rame and Addicas of Outland Agents Agent				81	Name					
OUNIDEDO DIOM			-	<u> </u>		(0.0.0	4-bl-)			
SUNBERG, DICK			82 Street Address (P.O. Box Number is Not Acceptable)							
	TOR TRACE ROAD			83			·			
FORT PIL	ERCE FL 34982									
				84	City			FL	85 Zip C	ode
	4.5 047.050	0 1047 4500 51		1			otion automite this statement for		changing its	registered
office or	to the provisions of Sections 617.050 registered agent, or both, in the State	of Florida, Such ch	ange was autho	onzed by i	the corbo	corpora ration's	s board of directors. I hereby a	ccept the appoi	ntment as reg	jistered
agent. I a	am familiar with, and accept the obliga	tions of, Section 61	17.0503, Florida	Statutes.	•		•			
SIGNATURE	RICHARD Sundber							02/13	L/99	
	Signature, typed or printed name of registered ager		(NOTE: Reg		signature re	equired wt	hen reinstating) ADDITIONS/CHANGES TO			25 IN 12
12.		D DIRECTORS	l per ere	13.	-		ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition
TITLE	DP	L	DELETE	1.1 TITLE	Ì				☐ Grange	
NAME	DEBOR, BOB			1.2 NAME						
STREET ADDRESS 4054 GARDEN VILLAS COURT 1.3 STF		1.3 STREET	ADDRESS							
CITY-ST-ZIP	FT. PIERCE FL			1.4 CITY-ST	-ZIP					
TITLE	DT		) DELETE	2.1 TITLE	ŀ				Change	☐ Addition
NAME SUNDBERG, DICK 22 NA		2.2 NAME								
- · - · - · - · - · - · - · - · - · - ·		2.3 STREET	ADDRESS							
CITY-ST-ZIP	FT. PIERCE FL			2.4 CITY-S	T-ZIP					
TITLE	DVP		DELETE	3.1 TITLE					Change	Addition
NAME	PETERSON, DAVID			3.2 NAME				-		
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP	FT. PIERCE FL 34982			3.4. CITY-S	T-ZIP					
TITLE	DVP		DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	SCIACCO, KAY			4.2 NAME	ł					
STREET ADDRESS	**** ***** ***** ****			4.3 STREET	ADDRESS					•
CITY-ST-ZIP	FT. PIERCE FL			4.4 CITY-S1	- 1					
TITLE	DS DS		DELETE	5.1 TITLE		D	S	******	☐ Change	Addition
NAME	RENALDY, CARMEN	7	`	5.2 NAME		_	EKO, ROBERT			
STREET ADDRESS				5.3 STREET	ADDRESS		076 GATOR TRAC	מעטע אי		
•				5.4 CITY-\$1			T. PIERCE, FL.			
CITY-ST-ZIP	FORT PIERCE FL		DELETE	6.1 TITLE			I. EIRCE, FL.	34704	Change	Addition
TITLE		_	, 520016	6.2 NAME	Į					
NAME				6.3 STREET	ADDRESS					
STREET ADDRESS	<b>8</b>				- 1					
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/99

561 461-7062 Daytime Phone # <ZEU3/ (11/98)</pre>