SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N33266

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FILED
Oct 01 1998 8:00am
Secretary of State

	os homeowners' assoc	HATION, INC.										
Principal Place of Business Mailing Address												
5352 MAYNARD STREET 4901 PALM BEACH BLVD. # 105 POST OFFICE BOX 50790 FORT MYERS FL \$3905 FORT MYERS FL \$3905						Date Incorporated or Qualified 06/30/1989 4. FEI Number		<u>- </u>	Appli	ed For		
US		US				65-0131901				Applicable	1	
2. Principal P	2a. Malling Address 26	ng Address			5. Certificate of Status Desired	J _	\$8.75 Additional Fee Required					
22	Suite, Apt. #, etc. Suite, Apt. #, etc.					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
City & Stat	City & State City & State					7. Is this nonprofit corporation a home	ownen	associ No	ation?			
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid t			r Intend	sible	┨	
24	25	29	30			Personal Property Tax due June 30	_	Yes		lo lo		
	9. Name and Address of Curren		1751			10. Name and Address of New Regis					1	
				81	Name						1	
MORANDO	O, JANET M.						-	_			Ţ	
	NARD STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)						
	ERS FL 33905			83							1	
	•			84	City			85	Zip Coo	16	┨	
<u> </u>					·		<u>FL</u>	1 1	•			
11. Pursuent t	to the provisions of sections 617.0502 i	and 617.1508, Florida Statutes f Florida, Such change was au	the abo	ve-nar	med corpor	ation submits this statement for the purpose on's board of directors. I hereby accept the a	of char	ging its	registe	red		
agent. I ar	m familiar with, and accept the obligati	ons of, section 617.0503, Flor	da Statu	ites.	o oorporatic	or o	ippoiliu	inoin do	rogisto	700		
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I DIDITAL ONE											1	
	Signature, typed or printed name of registered agent	~ ~~		red Age	nt signature rec		DATE				ِ چا	
12.	Signature, typed or printed name of registered agent	D DIRECTORS	13.		nt signature rec	outred when reinstating) EADDITIONS/CHANGES TO OFFICE					8	
12.	Signature, typed or printed name of registered agent OFFICERS AN	~ ~~	13.	ITLE	nt signature rec			DIRE Cher		N 12 Addition	16	
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AN PD HAMMERMEISTER, KARL	D DIRECTORS	13. 1.1 TI 1.2 N	ITLE AME							16	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AN PD HAMMERMEISTER, KARL 182 LOUISE STREET	D DIRECTORS	13. 1.1 Ti 1.2 N 1.3 Si	ITLE AME TREET A	DDRESS						F037 (5	
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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 12 or on an attachment with an address.

SIGNATURE: