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

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

S. Principal Place of Business   2a. Mailing Address   S. Cortificate of Status Desired   Se. 75	
228 S. ABACOX ST.  MELBOURNE FT. 32901  2. Principal Place of Dusiness 2. Maining Address 3. Date incorporated or Qualified  03/19/1980  4. FEIN main 59-30/29451   N 59-30/29	1811 <b>611</b> 12 1 <b>84</b> 1
229 \$ BABOOCK ST. MEIBOURNE FL 32901 US	
MELBOURNE FL 32901   MELBOURNE FL 32901   S   C3/19/1990   S   FER PLANTINGO   S   S   S   S   S   S   S   S   S	
US    Suite, Apt # . etc	
\$ Principal Piace of Business	pplied For
2.	ot Applicable
Sulido, Aprille, etc.    Sulido, Aprille, etc.   Sulid	Additional
City & State  Zip  Country  Site is nonprofit corporation a homeowners associated by the composition of was paid the current year in the state of the country in the count	equired
City & State 28   28   28   29   20   20   20   20   20   20   20	
26	
Zep	אחר
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Street Address of Sections 617 0502 and 617 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Sections 617 0502 and 617 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617 90505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617 90505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing of the purpose	tangible
THOMPSON, LYNNE R 529 E. NEW HAVEN AVENUE MELBOURNE FL 32901  11. Pursuant to the provisioner of Socions 617 000° and 617 1508, Florida Statutuse, the above-named corporation submits this statement for the purpose of changing eigent. I am familiar with, and accept the obligations of. Socions 617 0503, Florida Statutuse.  SIGNATURE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. STATE ADDRESS  CITY-ST-2IP  MELBOURNE FL 32904  14. City FL 3 THILE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. Change  WHITLEY, BARBARA  2078 MEADOWLANE AVENUE  11. STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  12. AUME  13. THOMPSON, LYNNE R  22. NAME  14. City ST-2IP  MELBOURNE FL 32901  24. City ST-2IP  MELBOURNE FL 32901  24. City ST-2IP  MELBOURNE FL 32901  25. THE TADDRESS  CITY-ST-2IP  NAME  NAME  NASH, CHARLES I  30. S. HARBOR CITY BLVD. SUITE 505  41. City ST-2IP  MELBOURNE FL 32901  42. NAME  NASH, CHARLES I  30. S. HARBOR CITY BLVD. SUITE 505  44. City ST-2IP  MELBOURNE FL 32901  44. City ST-2IP  Change  MELBOURNE FL 32901  Change  CITY-ST-2IP  MELBOURNE FL 32901  Change  CHARLES I  STREET ADDRESS  CITY-ST-2IP  MELBOURNE BEACH FL 32951  Change  CHARLES I  STREET ADDRESS  CITY-ST-2IP  MELBOURNE BEACH FL 32951  Change  CHARLES I  STREET ADDRESS  CITY-ST-2IP  MELBOURNE BEACH FL 32951	M No
THOMPSON, LYNNE R 529 E. NEW HAVEN AVENUE MELBOURNE FL 32901  11. Pursuant to the provisions of Sections 617.05.02 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Fordia Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Fordia Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alone statement for the purpose of changing office or registered agent alon	
### Description of Sections 617 05:02 and 617 15:08, Fioratia Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the Sinte of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are statuted with, and accept the obligations of, Section 617 05:03, Florida Statutes.  ### Signature Psychiatry principle production of the obligations of, Section 617 05:03, Florida Statutes.  ### Signature Psychiatry principle production agent are statuted. (NOTE Registered Agent stignature recorded when reinstating).  ### Description of the principle of registered agent stignature recorded when reinstating).  ### Description of the psychiatry psychi	
MELBOURNE FL 32901  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing 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 at a militar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE    Supplied Description   Date	
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 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 at agent. Team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE    Team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. I hereby accept the appointment at agent team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE   Team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. I hereby accept the appointment at agent team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. I hereby accept the appointment at agent team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. I hereby accept the appointment at agent team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. I hereby accept the appointment at agent team familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. I hereby accept the appointment at agent team familiar with, and accept the appointment at agent team familiar with, and accept the appointment at a statutes. I hereby accept the appointment at a statutes. In the Change and the familiar accept the appointment at a statutes. In the Change accept the appointment acce	
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 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 at agent 1 and tamiliar with, and accopt the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature print or printed printed or registered agent agent and later 1 asynchrons. I hereby accept the appointment at agent agen	
SIGNATURE   Signature byand or product nortic of regulated agent and libr. I application   (NOTE. Registered Agent alignature reposited when reinstancy)   DATE	Code
SIGNATURE  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ITILE  PD DELETE  11 TITLE  PD DELETE  11 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12 MAKE  STREET ADDRESS  CITY-ST-2IP  MAKE  THOMPSON, LYNNE R  SIREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  11 TITLE  VD DELETE  12 MAKE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-2IP  MELBOURNE FL 32904  14 CITY-ST-2IP  THOMPSON, LYNNE R  22 NAME  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  17 D DELETE  18 TITLE  D DELETE  TITLE  D AMAE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  18 TITLE  D DELETE  TITLE  D AMAE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  14 TITLE  D AMAE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  TITLE  D DELETE  TITLE  D DELETE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  TITLE  D DELETE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  STREET ADDRESS  MELBOURNE FL 32901  DELETE	ts registered
SIGNATURE  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ITILE  PD  DELETE  11 TITLE  WHITLEY, BARBARA  2076 MEADOWLANE AVENUE  MELBOURNE FL 32904  14 CITY-ST-2IP  MAME  THOMPSON, LYNNE R  SIREET ADDRESS  CITY-ST-2IP  MAME  MHITTAKER, KENNETH A  SIREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  11 TITLE  12 MAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change  Change  CHANGE  12 MAME  12 MAME  14 CITY-ST-2IP  THOMPSON, LYNNE R  22 NAME  23 SIREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  31 TITLE  D DELETE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  TITLE  D ASH, CHARLES I  930 S. HARBOR CITY BLVD. SUITE 505  MELBOURNE FL 32901  DELETE  TITLE  D DELETE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  TITLE  D DELETE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  TITLE  D DELETE  STREET ADDRESS  CITY-ST-2IP  MELBOURNE FL 32901  DELETE  STREET ADDRESS	registered
TITLE PD DELETE 11 TITLE DORSON LYNNE R STREET ADDRESS MELBOURNE FL 32901 DELETE 31 TITLE TO DELETE 31 TITLE DAME DELETE 40 DRESS GITY-ST-ZIP MELBOURNE FL 32901 DELETE 31 TITLE DAME MELBOURNE FL 32901 DELETE 31 TITLE TO DELETE 31 TITLE DAME MELBOURNE FL 32901 DELETE 31 TITLE DAME MELBOURNE FL 32901 DELETE 31 TITLE DAME MELBOURNE FL 32901 DELETE 31 TITLE TO DELETE 31 TITLE DAME MELBOURNE FL 32901 DELETE DEL	
TITLE	2S (N. 12
MAME   WHITLEY, BARBARA   12 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   MELBOURNE FL 32904   1.4 CITY-ST-ZIP   TITLE   VD	Addition
STREET ADDRESS   2078 MEADOWLANE AVENUE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	
CITY-ST-ZIP	
TITLE	
STREET ADDRESS   529 E. NEW HAVEN AVENUE   2.3 STREET ADDRESS	Addition
CITY-ST-ZIP	
TITLE	
MAME   WHITTAKER, KENNETH A   32 NAME   3.3 STREET ADDRESS   1692 W. HIBISCUS BLVD.   3.4 CITY-ST-ZIP   MELBOURNE FL 32901   3.4 CITY-ST-ZIP   TITLE   D	A 44411
STREET ADDRESS   1692 W. HIBISCUS BLVD.   3.3 STREET ADDRESS	Addition
DELETE   MELBOURNE FL 32901   34 CITY-ST-ZIP	
TITLE         D         DELETE         4.1 TITLE         Change           NAME         NASH, CHARLES I         4.2 NAME           STREET ADDRESS         930 S. HARBOR CITY BLVD SUITE 505         4.3 STREET ADDRESS           CITY-ST-ZIP         MELBOURNE FL 32901         4.4 CITY-ST-ZIP           TITLE         D         DELETE         5.1 TITLE           NAME         LEWIS, FATHER W         52 NAME           STREET ADDRESS         606 MANGO DRIVE         5.3 STREET ADDRESS           CITY-ST-ZIP         MELBOURNE BEACH FL 32951         5.4 CITY-ST-ZIP	
NAME	Addition
STREET ADDRESS   930 S. HARBOR CITY BLVD SUITE 505   4.3 STREET ADDRESS	
CITY-ST-ZIP         MELBOURNE FL 32901         4.4 CITY-ST-ZIP           TITLE         D         DELETE         5.1 TITLE         Change           NAME         LEWIS, FATHER W         52 NAME           STREET ADDRESS         608 MANGO DRIVE         5.3 STREET ADDRESS           CITY-ST-ZIP         MELBOURNE BEACH FL 32951         54 CITY-ST-ZIP	
TITLE D DELETE 5.1 TITLE Change  NAME LEWIS, FATHER W 52 NAME  STREET ADDRESS 606 MANGO DRIVE 5.3 STREET ADDRESS  CITY-ST-ZIP MELBOURNE BEACH FL 32951 5.4 CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP  606 MANGO DRIVE 53 STREET ADDRESS 64-CITY-ST-ZIP 54-CITY-ST-ZIP 54-CITY-ST-ZIP	
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NAME 6.2 NAME	Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 7/D	

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.

SIGNATURE: 1

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**FILED** 

Feb 18 1998 8:00am

Secretary of State

R2E037 (10/97)