FILE NOW: FILING FEE IS \$61.25 OFIT FLORIDA DEPARTI

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N3843

(5)

FILED						
Jan 30	1998	8:00am				
Secre	etary (of State				

12 Corporati	On Harris	\ /			
ROOK	KERY BAY MAINTENANCE II,	ING.		A LEGITTAL BEB SERBI LOCAL ALBOM HERE LIGHT DIGHT OF	INTERNACIONALE PROPERTORIA PROPERTORIA
Principal Pla	ce of Business	Mailing Address	· ·	I INDELLINE AND SITAL HOLIT DIEDO (VISO LINE DI	DAN DEBEN GERNE BEGIE HODE
P.O. BOX 916 BRADENTON	EL 34206	DIMULINION PL 34202	TOUGH TOUGH	LENB. Date Incorporated or Qualified	
1440	o EL CONQUISTADOR	/0S 0/2 -> B	RADENTON, FL 34	282 05/31/1990 4. FEI Number	10-0-75-
BRAI	O EL CONQUISTRON DENTUN EL 34216			65-0246090	Applied For
2. Principal	Place of Business 4/0 /JARTON	2a. Mailing Address			Not Applicable
	EL CON PRWY	26 P & Box Suite, Apt. #, etc.	10067	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	13	—	,	6. Election Campaign Financing	\$5.00 May Be
City & Sta		City & State		Trust Fund Contribution	Added to Fees
23 BR	ADENTON FL	28 BRADENT		7. Is this nonprofit corporation a homeowner Yes	rs association?
Zip 34	Country	- Zip 24282 -	Country	8. This corporation owes or has paid the cu	_ ' _ '
24 37	120	29 37787 30	17110		Yes No
- · · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Hegistered Agent	041 34	10. Name and Address of New Registered	Agent
			81 Name To	HNA NACERTY	
	S, DIANE 8		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
2233 1	1 TH AVE W		7400	ELCON PRUX # 13	
BRADE	NTON FL 34205		83	•	
			84 95300	OENTON FI	85 Zio Code
44 5					. 12
office or	to the provisions of Sections 617,0502 registered agent, or both, in the State	2 and 617.1508, Florida Statutes, t of Morida. Such chance was auth	the above-named corp orized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered
agent. I a	am familial with, and accept the obliga	itigns of, Section 617.0503, Florida	a Statutes.	· ·	CCC
SIGNATURE	ma pay	Jah N	A HATLI	<u>(y) </u>	73-98
12.	Signature Apad or printed name of registered ager OFFICERS AND		gistered Agent signature requir	red yeen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	E DIDECTORO IN 10
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition LEGUIDANCE Addition LEGUIDANCE Addition
NAME	KRAKE, KEN	_	1.2 NAME		E Great D According 1
STREET ADDRESS	1369 PERICO POINTE CIR		1.3 STREET ADDRESS		32
CITY-ST-ZIP	BRADENTON FL				lÿ.
TITLE	VPD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition ☐
NAME	SMITH, RICHARD		2.2 NAME		Change
STREET ADDRESS	1365 PERICO POINTE CIR				
	BRADENTON FL		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	STD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	-	Phanga Addition
NAME	CROPPER, NELLIE		3.2 NAME		Change Addition
STREET ADDRESS	1393 PERICO POINTE CIR				
	BRADENTON FL		3.3 STREET ADDRESS		į.
CITY-ST-ZIP TITLE	D DRADENTON FL		3.4. CITY-ST-ZIP 4.1 TITLE		Change
NAME	-		1		☐ Change ☐ Addition
STREET ADDRESS	POWLESS, ROBERT H. 1389 PERICO POINTE CIR.		4. 2 NAME		
			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	BRADENTON FL D		4.4 CITY-ST-ZIP		Change Addition
	_		5.1 TITLE		Change Addition
NAME	BONE, WILLIAM J.		5.2 NAME		
STREET ADDRESS	1355 PERICO POINTE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	- A	5.4 CITY-ST-ZIP		
TITLE	AT ROVIES		6.1 TITLE		☐ Change ☐ Addition
NAME	KENNETH, BOYLES		6.2 NAME		
STREET ADDRESS	1397 PERICO POINTE CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BREADENTON FL		6.4 CITY-ST-ZIP		
A I DOLODU A	remon that the intermetion encoured will	n this tiling gans hat allalit, for the	a necommention atokad in C	Coation 110 07/2\/i) Florido Ctatutos I furbas ano	ation along the standard and the

4. I nereby 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 suppliemental 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:

MIENAURE CRESPANDE