FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

N38962

(9)

NAPIER 3A HOMEOWNERS ASSOCIATION, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address													foll fioli affil d	EBEN DINAK INDE
3700 NW 91ST STREET. #A-100 C/O SANDRA SONTAG GAINESVILLE FL 32006					3700 NW 91ST STREET. #A-100 C/O SANDRA SONTAG GAINESVILLE FL 32806						Date Incorporated or Qu 06/29/1990 FEI Number	alified		pplied For
										59-3108655		No	ot Applicable	
2. Principal P				2a. Mailing Address						5. Certificate of Status Des	red 🔲		Additional	
21 P.O. Box 140161 Suite, Apt. #, etc.					26 P.O. Box 140161 Suite, Apt. #, etc.					,				equired
22					27						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
City & State 23 Gaines		Flo:	_	City & State 28 Gainesville. Florida						Is this nonprofit corporat		ers associatio	n?	
Zip	ATTIC,		ountry	28	Zip Country						P. This approaching a succession)
24 32614		_	U.S.A.	29	7 000.	ł			.A.		 This corporation owes or Personal Property Tax di 			Iangible
9, Name and Address of Curre							ŗ			10. Name and Address of I				
	·			I	·		81	Name	- 01			<u> </u>		
SONTAG, SANDRA								82	Ctroot /		ris W. Widenhous			
3700 N.W. 91ST STREET									Street	Addres	ss (P.O. Box Number is Not A	cceptable)		i
#A-100											00 00 10 1			
GAINESVILLE FL 32606								84	City	_	23 SW 40th Avenu	ıe	nel Zie	Cado
								04	City	Ga	inesville	FI	_ 85 Zip 326	08
11. Pursuant to	to the provis	ions of	Sections 617.05 both, in the State	02 and le of Flo	617.1508, Flo orida, Such ch	orida Statute lange was a	s, the a uthorize	bove d by	named the corp	corpo oratio	ration submits this statement fin's board of directors. I hereb	or the purpose or the ap	of changing it pointment as	ts registered registered
1			accept tile obii	yadons	di, section o	CHR15		UIBS		16	ないのと	4-30		
SIGNATURE CHRIS W. WIDEN HOUSE 4-30- Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
12.			OFFICERS A	ND DIRI			13.			716	ADDITIONS/CHANGES TO			
TITLE	PD				×	DELETE	1.1 TI				ris W. Widenhous		☐ Change	X Addition
NAME	SONTA	-					1.2 N				esident, Board o	or Direct	ors	
STREET ADDRESS	AAINCOM LE EL							REET	address		23 SW 40th Ave	0600		
CITY-ST-ZIP		VILLE	FL		- KA	DEL FEE	1.4 C		T- Z IP		inesville, FL 3			191 (100
TITLE	VO.	·			ÇX.	DELETE	2.1 TI				ce President - I	вор	☐ Change	Addition
NAME	HAUFLE						2.2 N				tch Morgan			ļ
STREET ADDRESS			T ST.,#A100						ADDRESS		37 SW 40th Place			ĺ
CITY-ST-ZIP	GAINES	VILLE	FL			DELETE			T-ZIP		inesville.FL 3	2608	Change	TVI Addition
TITLE	STD	n 1116	w		ŲM	DELETE	3.1 Ts				d VP-BOD		L_1 change	Addition
NAME	SWOYE	-					3.2 N				hn Hum phr ey			
STREET ADDRESS	GAINES		T ST.,#A100 :						ADDRESS		57 SW 40th Place			
CITY-ST-ZIP TITLE	GAINES	VILLE	<u> FL</u>			DELETE	3.4. C		IT-ZIP		inesville, FL 3	2008	Change	Addition
NAME					u	טננונ	4.1 JI				cretary_ BOD chele Theunisser		L. Criange	ADDITION I
									4000000		25 SW 40th Place	=		
STREET ADDRESS									ADDRESS					
CITY-ST-ZIP TITLE						DELETE	5.1 Ti		T-ZIP		<u>inesville, FL 3</u> easurer_BOD	2608	Change	Addition
NAME					_		5.2 N				n Hartzel			
STREET ADDRESS									ADDRESS		13 SW 28th Terra	ice		
CITY-\$T-ZIP							5.4 CI				inesville, FL 3			
TITLE					П	DELETE	6.1 TI		1 - 2 11		ard Member		Change	X Addition
NAME					_		6.2 N/		1		wn Deese			
STREET ADORESS									ADDRESS	29	54 SW 40th Ave.			
CITY-ST-ZIP									T-21P	Ga	inesville, FL 3	2608		
VIII VIII							0.70							

Thereby 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 or an attachment with an address.