

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90074 037 ****61.25

DOCUMENT # N39340

1. Corporation Name

WEST CROSSBECK COURT HOMEOWNERS' ASSOCIATION, IN
C.

Principal Place of Business

C/O ANITA SCHMECK
9054 S RICHTOP TERR
HOMOSASSA FL 32646
US

Mailing Address

C/O ANITA SCHMECK
9054 S RICHTOP TERR
HOMOSASSA FL 32646
US



2. Principal Place of Business

21 9054 S. Richtop Terr

Suite, Apt. #, etc.

22

City & State

23 Homosassa, FL

Zip

24 34446

Country

25 USA

2a. Mailing Address

26 9054 S. Richtop Terr

Suite, Apt. #, etc.

27

City & State

28 Homosassa, FL

Zip

29 34446

Country

30 USA

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number

59-3111101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHMECK, ANITA
82 DOUGLAS STREET
HOMOSASSA FL 32646

10. Name and Address of New Registered Agent

81 Name

SCHMECK, Anita

82 Street Address (P.O. Box Number is Not Acceptable)

9054 S. Richtop Terrace

83

84 City

Homosassa,

FL

85 Zip Code
34446

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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME SCHMECK, ANITA
STREET ADDRESS 82 DOUGLAS STREET
CITY-ST-ZIP HOMOSASSA FL

TITLE D
NAME PERRIN, DONALD F.
STREET ADDRESS 320 US HIGHWAY 41 SO.
CITY-ST-ZIP INVERNESS FL

TITLE D
NAME CRETTEY, GRACE M
STREET ADDRESS 320 US HIGHWAY 41 SO.
CITY-ST-ZIP INVERNESS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D
1.2 NAME SCHMECK, ANITA
1.3 STREET ADDRESS 9054 S. Richtop Terr
1.4 CITY-ST-ZIP Homosassa, FL 34446

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/99 352-726-6760

CR2E037 (11/98)