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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED								
Feb 03	1998	8:00am						
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Mailing Address   Mailing Ad	·	GETT CONMINIONET CHOICH	OF FORE 31, EUOIE,	INC			
### APP CASHLERE BLVD PORT ST. LUCIE FL 34983 US  ### Applicate Formula Place of Business 24. Mailing Address 35. Certificate of Status Desired   S8.75 Additional Fee Regulared   Suite, Apt #, etc.   Suite, Apt #, etc.	Principal Plac	e of Business	Mailing Address			e tonniser bis gegle geson diell bolt bost glait gidte blott albit diet die	1881
4. FEI Number   Applied For   Mol Applicable   For   Mol Applicable	477 CASHMERE BLVD PORT ST. LUCIE FL 34983  477 CASHMERE BLVD PORT ST. LUCIE FL 34983		477 CASHMERE BLVD			- I	
2.   Mailing Address   2.   Mailing Address   2.   Mailing Address   2.   S.   Certificate of Status Desired   S8.75 Additional Fee Regulared   S8.00 May Be Added to Fees   S.00 May Be Added to Fe					4. FEI Number Applied F		
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.	<del></del>	lace of Business	<b>⊢</b> ¬			5. Certificate of Status Desired  \$8.75 Addition	nal
City & State    City & State   City & State   City & State   Country   Zip   Country   Zip   Country   St. This corporation was or has paid the current year Intangible   Personal Property Tax due June 30.   Yes   No.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year Intangible   Personal Property Tax due Juny 30.   yes   No	City & Stat	е	City & State			7. Is this nonprofit corporation a homeowners association?	
VANDER SLIK, JAMES A.  -428 SUNNYDALE-LANE 281 Kingfisher AvePORT ST. LUCIE-RL 34983 - Ft. Pierce, FI. 34982   84	Zip	<del></del> ′	Zip	_	ry	8. This corporation owes or has paid the current year Intangible	
VANDER SLIK, JAMES A.  -428 SUNNYDALE-LANE 281 Kingfisher Ave.  -PORT. St. LUCIE-FL 34983 - Ft. Pierce, FI.  34982  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, and accept the obligations of Section 617.0503, 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered of the provision of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered of the provision of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida.  12.	24		1=-1	301			
VANDER SLIK, JAMES A.  -428 SUNNYDALE LANE 281 Kingfisher AvePORT ST. LUCIE-RL-34983- Ft. Pierce, FL 34982  34 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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, and tamiliar with, and accept the obligations of, Section 617.0503, Florida Statules.  SIGNATURE  Signature, typed or printed name of registered agent and tibe if applicable.  OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  BURRELL, LACRETIA A  2318 FERN CIRCLE  13. SIRECT ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. SIRECT ADDRESS  15. SIRECT ADDRESS  16. SIRECT ADDRESS  17. STI-2IP  17. LUCIE FL  14. CITY-ST-2IP  17. DELETE  18. TITLE  19. Change Addition  Change Addition  Change Addition  19. Change Addition  19. STREET ADDRESS  19. SIRECT ADDRESS	<del></del>	o. Name and Address of Current	uehisteren wägtit	Я	1 Name	iv. Hame and Address of New Registered Agent	
-428 SUNNYDALE LANE 281 Kingfisher AvePORT ST. LUCIE-FL 34983- Ft. Pierce, Ft. 34982 Bt. Pierce, Ft. Pierce, Ft. 34982 Bt. Pierce, Ft. Pier	VANDE	CIN IAMEC A			1141116		
34982  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the pursuance of the applications of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of agestive degree of changing its registered agent. I am tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyped or private name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  T  MME  BURRELL, LACRETIA A  1.2 NAME  SIRRET ADDRESS  2318 FERN CIRCLE  PORT ST. LUCIE FL  1.4 CITY-ST-ZIP  PORT ST. LUCIE FL  1.4 CITY-ST-ZIP  PORT ST. LUCIE FL  2 1 TITLE  D D DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  PORT ST. LUCIE FL  3.3 STREET ADDRESS  CITY-ST-ZIP  Change Addition  Addition  AL ZIMME  STREET ADDRESS  AL CITY-ST-ZIP  Change Addition  AL ZIMME  STREET ADDRESS  AL CITY-ST-ZIP  PORT ST. LUCIE FL  3.3 STREET ADDRESS  CITY-ST-ZIP  PORT ST. LUCIE FL  3.4 STREET ADDRESS  AL CITY-ST-ZIP  ALTITLE  T  MAME  NEWHOUSE, JOHN  STREET ADDRESS  3.2 SR. E. RIVER VISTA DRIVE  4.3 STREET ADDRESS  ALCITY-ST-ZIP  ADDITIONS/CHANGES IN 12  LORGING  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LORGING  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFIC				ve.	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE T NAME BURRELL, LACRETIA A SIREET ADDRESS 2318 FERN CIRCLE 1.3 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 1.4 CITY-ST-ZIP TITLE D NAME STEVENSON, BARBARA 22 NAME STREET ADDRESS 561 S.E. CALMOSO DRIVE CITY-ST-ZIP PORT ST. LUCIE FL 2.4 CITY-ST-ZIP TITLE D NAME BURRELL, WILLIAM L STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 3.3 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D NAME BURRELL, WILLIAM L STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 4.1 TITLE T DELETE 4.1 TITLE T DELETE 4.1 TITLE T DELETE 4.1 TITLE T NAME NEWHOUSE, JOHN STREET ADDRESS 3258 S.E. RIVER VISTA DRIVE 4.3 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FT, 34952 4.4 CITY-ST-ZIP TITLE T Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>,</b>				
TITLE					gent signature requir	<u> </u>	
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NAME   BURRELL, WILLIAM L   3.2 NAME			☐ DELETE			☐ Change ☐ Ac	idition
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ANNAMA	SAMUEL ESPADA		5.3 STREE	T ADDRESS			
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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 on an attachment with an address.

GNATURE:

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