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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

N43322

(9)

1369 E TENNESSEE ST TALLAHASSEE FL 32308 US 3. Date Incorporated or Qualified 05/09/1991 03/01/1995 2. Principal Place of Business 24. Mailing Address 25. Certificate of Status Desired City & State 26. City & State 27. Country 28. Tips Country 29. Country 29. Country 29. Country 20. Date Incorporated or Qualified 05/09/1991 03/01/1995 38. Date of Last Report 05/09/1991 03/01/1995 39. Date Incorporated or Qualified 05/09/1991 03/01/1995 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Country 8. This corporation has liability for intangible taxunder s. 199.032,	HILO PROPERTY OWNERS ASSOCIATION, INC.									
TALLMANSSEE FL 32008 Substitute Substi	Principal Place of Business Mailing Address								OLF DIGIT OI EIY EIGHE FAN	ı
2. Principal Place of Épariness 2a. Malling Address 5. Conflictation (C.)(1985) 1981 1981 1982 1982 1982 1982 1983	TALLAHASSEE FL 32308 TALLAHASSEE FL 32308									
Supplementary Supplementar										
Sale		ace of Business	├ ─					Applied For	_	
City & State City		# otc					393170310			le
20	22	w, etc.	⊢				5. Certificate of Status Desired			
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25 98 30		Country								_
FERRELL, CARL E. 1369	24				•				uer s. 189.032,	
FERRELL, CARL E. 1389 E TENNESSEE ST TALLAHASSEE FL 23008 84 City FL 85 Zip Code 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617.1508. Poorlad 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 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 a specific provision on 17.0531. Planting Statutes. SGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 17. 11. TILL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 19. 14. TILL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 19. 15. TALLAHASSEE FL 16. 12. TALLAHASSEE FL 16. 12. TALLAHASSEE FL 17. TALLAHASSEE FL 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 19. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 19. 19. TALLAHASSEE FL 10. TALLAHASSEE F		9. Name and Address of Curre	9. Name and Address of Current Registered Agent				10. Name and Address of New Re-	gistered Age	nt	
1369 E TENNESSEE ST TALLAHASSEE FL 32308 84					81	Name				
TALLAHASSEE FL 32308					82	Street Addir	ress (P.O. Box Number is Not Acceptable)		
1.1. 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. Thereby accept the appointment as registered agent, it am changing its registered agent, it am changing its registered agent. It am changing its registered agent, it am changing its registered agent.					83					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Princids Statuties, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am framiliar with, and accept the obligations of Section 617.0503, Florids Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE D	77 11 (84	City			el 3Cada	
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Signature Sign	or redister	red agent or both in the State of Flor	ricia. Suich chiarrae was authi	orizad by too c	ve-ra corpo	amed corpor ration's boar	ration submits this statement for the purport of directors. I hereby accept the appoin	ose of changin	ig its registered officienced agent. I am	ce
12 OFFICERS AND DIRECTORS 13 ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12	familiar wi	th, and accept the obligations of, Sec	ction 617.0503, Florida Statu	ites.	•		, , , , , , , ,			
12	SIGNATURE .	Signal inell typed or printed name of registered ager	nt and their annucable	(NC)TE: Registered	Agent	signal ire require	d when reinstation)	DATE		_
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		y certify that the information supplied	with this filing is voluntarily t				or the exemption stated in Section 119.03	7(3)(k) Florido	Statutes Uturther	\dashv

To the post of the first the little filter field statutes. If 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

POSTICUS AND FORD THE DORS TO STATE OF SKINING OFFICER OR DIRECTOR

Destroy Science of the corporation of 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:

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Destroy Science 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:

Destroy Science of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; Interfect on the corporation of the