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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N44153 DOCUMENT #

(7)

1. Corporation Name ECHO LAKE ASSOCIATION OF NEIGHBORS, INC. Principal Place of Business P.O. BOX 668 WEST PALM BEACH FL 33402 Mailing Address P.O. BOX 668 WEST PALM BEACH FL 33402										
VIZOT 1712M	DENOTIFIE GOING	NEOT THEM BENOTT				3. Date Incorporated or Qualified 06/27/1991	3 a. D	ate of Last 04/21/19	Report 995	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0304672		· · · · · · · · · · · · · · · · · · ·	Applied For	
Suite, Apt.	# oto	Suite, Apt. #, etc.				05'0004072			Not Applicable	
22 Suite, Apr.	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired		*	Additional Required	
City & State	e	City & State				6. Election Campaign Financing			0 May Be	
23		28				Trust Fund Contribution		•	d to Fees	
Zφ	Country	Zip	Coun	try		8. This corporation has liability for in	ntangible t] Yes [199.032,	
24	25 9. Name and Address of Currer	29 nt Registered Agent	30		<u>-</u>	Florida Statutes L 10. Name and Address of New Re				
	· · · · · · · · · · · · · · · · · · ·			31 Name			•			
	D, MINNIE		la la	32 Street	Address	dress (P.O. Box Number is Not Acceptable)				
	HO LAKE DR.					,				
W. PALM	1 BCH. FL 33407		*	33						
			ļ.	34 City			FL	85 Zig	Code	
		tion 617.0503, Florida Statute	S.	rporation's						
	Signature, typed or printed name of registered agen	t and title if applicable (N	OTE Registered A		required whe		DATE.	D DIRECTO		
SIGNATURE 12. TITLE				gent signature	required whe	en reinstatingi ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12	
12.	OFFICERS AN PD HOWARD, MINNIE	t and title if applicable (N D DIRECTORS	OTE Registered A	gent signature E	redured whe					
12. TITLE	PD HOWARD, MINNIE 2016 ECHO LAKE DR.	t and title if applicable (N D DIRECTORS	OFE Registered A 13. 11 TITL 1.2 NAA	gent signature E	fectured whe					
12. TITLE NAME STREET ADDRESS DITY-ST-ZIP	PD HOWARD, MINNIE 2016 ECHO LAKE DR. W PALM BCH. FL 33407	t and title if applicable (N ID DIRECTORS DELETE	OTE Registered A 13. 11 Tift 1.2 NAN 13 STR 1.4 CIT	egent signature E IE EET ADDRESS (-ST-ZIP	radured whe			Change	Addition	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bayering Phone #

SIGNATURE: