## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

ANNA MILLER CIRCLE 1870, INC.

**FILED** May 07 1998 8:00am Secretary of State

ANNA MILLER CIRCLE, INC.											
Principal Place of Business				Mailing Address						I INBUIND DIE OFBIE BEINE	
P.O. BOX 2114 STUART FL 34995				P.O. BOX 2114 STUART FL 34995					L	3. Date Incorporated or Qualified  07/15/1991 4. FEI Number	
_	Principal Place of Business			2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional	
21				26						Fee Required	
22				Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	City & State			City & State						7. Is this nonprofit corporation a homeowners association?  Yes No	
ļ	Zip				Country					8. This corporation owes or has paid the current year intaggible	
24			25	29		30			1	Personal Property Tax due June 30.  Yes X No	
		9. Name	and Address of Curren	t Registered A	gent				1	10. Name and Address of New Flegistered Agent	
							81	Name			
WESTON, CAROLE							82	Street	et Address (P.O. Box Number is Not Acceptable)		
775 S.E. SALERNO RD								0.,001	or reduced (1.0. Box reduced in the reduced plants)		
STAURT FL 34997							83				
							84 City			85 Zip Code	
							54	City	FL 63 2 P COOR		
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								ed Agent signature required when reinstaling) DATE			
12		-	OFFICERS ANI	DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12	
TIT	I	PD			☐ DELETE	1.1 T			TR	Change Addition	
	NAME HACZYNSKI, HELEN				1,2 NA				HA	CZYNSKI, HELEN	
STREET ADDRESS 533 N.W. PLACID AVE						TREET ADDRESS 533 NW PLACID AVE		233	3 NW PLACID AVE		
_	Y-ST-ZIP	-	IT LUCIE FL		V/ 00: 070		ITY-S	T-ZIP	POR	ET ST LUCIE, FL 34983	
TIT	1	TRO	IONE MAINA		DELETE	2.1 1			TRI	Change Addition	
NA!			IGNE, WILMA		•	2.2 N			15	SON, DOROTHER	
	REET ADDRESS		W MAYFLOWER DR					ADDRESS	43/	SON, DOROTHEA H9 NE MISSION DRIVE B-7 A-2 NSEN BEACH, FL 34951  Change Addition	
TIT	Y-ST-ZIP	PALM C	AII FL		DELETE	2.4 ( 3.1 Ti	ATY-S	IT-ZIP	761	VSEV CEACH, PL 34437	
	/		IVO IANICE		LJ VELETE			i		400002524724	
NAME MOSTEIKO, JANICE STREET ADDRESS 1817 S.E. DRANSOI				<del></del> -			NAME STREET ADDRESS			400002524724 -05/15/9801009002	
CITY-ST-ZIP PORT ST LUCIE FL									***61.25		
TIT		TRD	T LOUIL I L		DELETE	3.4. U	ATY-S	1-217	PD	Change Addition	
NA!			N, CAROLE			1	NAME				
1	REET ADDRESS		SALERNO RD					ADDRESS	MUSS	STON, CAROLE SE SALGRNO RO	
ł	Y-ST-ZIP	STAURI					IFY-SI	1	570	DART FL 34997	

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

DALHOVER, MARIE 6558 SE HELD COURT

STUART, FL

561-334-8900

Change

Addition

Addition