

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # *N 44 819 (3)*
1. Corporation Name

ALVACATA APARTMENTS, INC.

Principal Place of Business Mailing Address
*1601 S. HIGHLAND PARK DRIVE
LAKE WALES FL 33853*

3. Date Incorporated or Qualified *LAST REPORT*
08/23/1991 02/01/97
4. FEI Number *NOT APPLICABLE* Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 *139 Lameraux Rd*
22 City & State 27 *Winter Haven FL*
23 Zip 28 *33884* 29 Country 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
*HUTSON, JEAN MERRICK
1601 S HIGHLAND PARK DRIVE
LAKE WALES FL 33853*

10. Name and Address of New Registered Agent
81 Name *MRS. PAULA SIMPSON*
82 Street Address (P.O. Box Number is Not Acceptable) *139 LAMERAUX RD.*
83
84 City *WINTER HAVEN* FL 85 Zip Code *33884*

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 *Paula Simpson Paula Simpson*
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/5/98
DATE

12. OFFICERS AND DIRECTORS
1. TITLE PD
NAME HARLEY, ROY G.
STREET ADDRESS 15657 WYATT ROAD
CITY-ST-ZIP EAST CLEVELAND OH
2. TITLE SD
NAME HUTSON, FRANK A. JR.
STREET ADDRESS 1601 HIGHLAND PARK DRIVE
CITY-ST-ZIP LAKE WALES FL
3. TITLE *FD*
NAME HUTSON, JEAN MERRICK
STREET ADDRESS 1601 HIGHLAND PARK DRIVE
CITY-ST-ZIP LAKE WALES FL
4. TITLE D
NAME SMITH, LOIS
STREET ADDRESS THE HEIGHTS APT #342C
CITY-ST-ZIP HARTFORD CT
5. TITLE D
NAME SMITH, DONALD S. JR.
STREET ADDRESS THE HEIGHTS APT 342C
CITY-ST-ZIP HARTFORD CT
6. TITLE D
NAME WOOD, JEAN B.
STREET ADDRESS 907 STATION AVE.
CITY-ST-ZIP LANGHORNE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY-ST-ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY-ST-ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY-ST-ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY-ST-ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY-ST-ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-ST-ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. 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.

SIGNATURE: *Frank A. Hutson Jr* FRANK A. HUTSON, JR. *02/26/95* 941-676-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/97)