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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

2a: Mailing Address

26

## **DOCUMENT # N45654**

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

TIP TOP VILLAGE MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address				
14600 S TAMIAMI TR	14600 S TAMIAMI TR				
LOT 97	LOT 97				
FT MYERS FL 33912	FT MYERS FL 33912				
118	118				

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90120 003 \*\*\*\*61.25

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Applied For

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3. Date Incorporated or Qualifed

10/17/1991

59-3090774

4. FEI Number

22		27	27			- (	59-30907	Not Applicable			
City & State	9	<del></del>	City & State			5 B 48 1 1 1	Chata Davisad		\$8.75 A	dditional	
23		28			Ĩ	5. Certificate of	Status Desired		Fee Rec	uired	
Zíp	Country	Zip	Zip Country			7	6. Election Car	mpaign Financing		\$5.00	viay Be
24	25	29	30	30			Trust Fund	Contribution		Added to	Fees
	9. Name and Address of Current	Registered A	gent				10. Name and	Address of New	Registered .	Agent	
				į 81	Name						1
MEDEIROS, LINDA M.					82 Street Address (P.O. Box Number is Not Acceptable)						
14600 S. TAMIAMI TR.					out of the second of the secon						
LOT 97				83	1						
FT MYERS FL 33912			84	City					85 Zip C	ode	
					1				<u> </u>	.	l.
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508	, Florida Statutes,	the abov	e-named	corpora	tion submits this	s statement for the	purpose of	changing its r	registered istered
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	n riorida. Such ons of, Section	617.0503, Facida	Statute	5.	porauon: n	A	L-	br allo debou	) /	
SIGNATURE	Linda M. Medeiros C	Tregsyror	/ / / / /	W/2 1	INI I	100	011111	1710ases	111 2	17/99	· [
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	Note No		nt signature	required w	nen reinstating)		DATE	, , , , ,	20 10 42
12.	OFFICERS AND	DIRECTORS		13.		0.6		CHÂNGES TO OF	FICERS AN	ID DIRECTOR	Addition
TITLE	DP		(I) DELETE	1.1 TITLE		,		A		[Le Criange	
NAME	HUSMAN, DONALD			1.2 NAME		Tet	trault,	DLIVA		1 1 4	11
STREET ADDRESS	14600 S TAMIAMI TR LOT #4	-		1.3 STREE	T ADDRESS			AMIAM		WT I	4
CITY-ST-ZIP	FT. MYERS FL 33912			1.4 CITY-1	ST-ZIP			F1 3391	7	C Change	Addition
TITLE	DVP		☐ DELETE	2.1 TITLE		DV		-		Change	☐ Addition
NAME	HARRIS, ED			2.2 NAME		Pet	te Stu	rman	. 110	bt #	7
STREET ADDRESS	14600 S TAMIAMI TR LOT 399			2.3 STREE	T ADDRESS	्रिप्र	00 5. T	AMIAM.		WI I	
CITY-ST-ZIP	FT. MYERS FL 33912			2. 4 CITY-	ST-ZIP	15-t	myer	5, F133	712		Addition
TITLE	DS		☐ DELETE	3.1 TITLE		1	•			Change	Li Audilion
NAME	FASSLER, VICKI			3.2 NAME		{					1
STREET ADDRESS	14600 S TAMIAMI TRL LOT #10	9	ı	3.3 STREE	T ADDRESS	<b>;</b>					ļ
CITY-ST-ZIP	FT. MYERS FL 33961			3.4. CITY-	ST-ZIP	ļ					- Addition
TITLE	DT		☐ DELETE	4.1 TITLE		ĺ				☐ Change	☐ Addition
NAME	MEDEIROS, LINDA M		,	4. 2 NAME		}					]
STREET ADDRESS	14600 S TAMIAMI TR LOT 97			4.3 STREE	T ADDRESS	3					į
CITY-ST-ZIP	FT. MYERS FL			4.4 CITY-	ST-ZIP	ļ		<del></del>			□ Additio=
TITLE			DELETE	5.1,TITLE		1				Change	Addition ]
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STREET ADDRESS					ET ADDRESS	3					,
CITY-ST-ZIP				6.4 CITY-	ST-ZIP	<u></u> _				<u> </u>	

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, with all other like empowered.

SIGNATURE

CR2E037 (11/98)