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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

EL DORADO CARAVAN CLUB, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			r sobleso) dir bigir todir döfir dir	BE IBIF MIKIJ BINII	I REMANDALINA	IIDII BION INGI
15012 JOHANSSON AVE HUDSON FL 34867 HUDSON FL 34867-3								
					3. Date incorporated or Qualified 01/28/1992	3a. Date	of Last R 14/25/18	eport 196
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	— <u>L</u>	AF	plied For
21		26			59-3114199			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		City & State			· · · · · · · · · · · · · · · · · · ·		Fee Re	
City & State	e				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
23 Zip	Country	28	Coun	trv	This corporation has liability for			
24	25	29	30	,		Yes 🔯		199.002,
	9. Name and Address of Curre		1001		10. Name and Address of New R			
			1	1 Name				
BYRNE.	FRANCIS		h	Street Ad	dress (P.O. Boy Number is Not Accepts	hla)		
15012 JOHANSSON AVE				SI SI BOL AG	Street Address (P.O. Box Number is Not Acceptable)			
	N FL 34667		Į,	33				
			h	B4 City			85 Zip	Code
			['	City		FL	93 Yih	0006
11. Pursuarit office or r	registered agent, or both, in the State of familiar with, and accept the oblid	e of Florida. Such change was nations of, Section 617.0503. F	lorida Statu	tes.				
11. Pursuant office or ragent 1 a	to the provisions of Sections 617.05 egistered agent, or both, in the Statum familiar with, and accept the oblig signature, typed or printed name of registered ag				quired when reinstating)	DATE		
	Signature, typed or printed name of registered ag	gent and title if applicable. (NC				DATE ICERS AND [DIRECTOR	IS IN 12
SIGNATURE .	Signature, typed or printed name of registered as OFFICERS AN	gent and title if applicable. (NC	TE: Registered	Agent signature req	quired when reinstating)	DATE ICERS AND [IS IN 12
SIGNATURE . 12. TILE NAME	Signature, typeid or printed name of registered as OFFICERS AND PD BYRNE, FRANCIS	gent and title if applicable. (NC	13. 1.1 TITL 1.2 NAM	Agent signature req E ME	quired when reinstating)	DATE ICERS AND [DIRECTOR	IS IN 12
12. TILE NAME STREEL ADDRESS	Signature, typed or printed name of registered as OFFICERS AN PD BYRNE, FRANCIS 15012 JOHANSSON AVE	gent and title if applicable. (NC	13. 1.1 TITL 1.2 NAI	Agent signature req E. AE EET ADDRESS	quired when reinstating)	DATE ICERS AND [DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered as OFFICERS AN PD BYRNE, FRANCIS 15012 JOHANSSON AVE HUDSON FL	pent and title if applicable. (NC ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAI 1.3 STR 1.4 CIT	Agent signature req E ME SEET ADDRESS Y-ST-ZIP	quired when reinstating)	DATE ICERS AND E	DIRECTOF Change	IS IN 12
SIGNATURE. 12. TILE NAME STREEL ADDRESS CITY - ST- ZIP TILE	Signature, typed or printed name of registered as OFFICERS AN PD BYRNE, FRANCIS 15012 JOHANSSON AVE HUDSON FL STD	gent and title if applicable. (NC	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT	Agent signature req E ME EET ADDRESS Y-ST-ZIP E	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	IS IN 12
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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.