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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

<ol> <li>Corporation I</li> </ol>		• •	^				
AHBOH P	POINTE UNIT TWO OWNER	45 ASSOCIATION, INC	٠,				
Principal Place of	of Business	Mailing Address				HI OODII AIDII BIAK AI	Olf Brätt Bidte 1881
20 SNOW GOO	OSE LANE	220 SNOW GOOSE LANG JACKSONVILLE FL 32225					
					3. Date Incorporated or Qualified 02/14/1992	3a. Date of t	ast Report /1996
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
0		26			59-3125902		Not Applicable
Suite Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	_ \$	5.00 May Be
Oity & State		28			Trust Fund Contribution	۾ ل	dded to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	intangible tax und	ler s. 199.032,
4	25	29	30		Florida Statutes L  10. Name and Address of New R	Yes No	<u> </u>
	9. Name and Address of Curre	nt Registered Agent		II Name	10. Name and Address of New N	tegistered Agen	
	- 4.00V		<u></u>		O O O O O O O O O O O O O O O O O O O	1-1	
PRESCOT			[8	Street Ac	diffress (P.O. Box Number is Not Acceptab	oie)	
	N GOOSE LANE		la la	13			
JAUKSUN	MILLE FL 32225		Ļ			85	Zip Code
•				City		FL I	· ·
	to the provisions of sections of 71,000 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authori. ction 617.0503, Florida Statute	zed by the co s.	e-named corp orporation's b	coration submits this statement for the purceard of directors. I hereby accept the app	ointment as regis	tered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	nt and title if applicable (N ND DIRECTORS			coard of directors. I hereby accept the app livred when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE	ECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registored agen OFFICERS At	nt and title if applicable (N	OTE Registered A	gent signature req	jured when reinstating)	DATE	ECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registored age OFFICERS AT PD PRESCOTT, LARRY	nt and title if applicable (N ND DIRECTORS	OTE Registered A 13. 1.1 Tift	gent signature reu E <b>D</b> ME	jured when reinstating)	DATE FICERS AND DIRE	ECTORS IN 12
SIGNATURE _ 12. TITLE <b>D</b>	Signature, typed or printed name of registered ager OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE	nt and title if applicable (N ND DIRECTORS	OTE Brigistered A 13. 1.1 TITU 12 NAN 13 STR	Gent signature required.  E D  ME  EEI ADDRESS	jured when reinstating)	DATE FICERS AND DIRE	ECTORS IN 12
SIGNATURE:  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ages OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL	nt and title if applicable (N ND DIRECTORS DELETE	13. 1.1 TITL 12 NAP 1.3 STF	gent signature req  E D  ME  EE1 ADDRESS Y-ST-ZIP	jured when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE	CTORS IN 12 ange Addition
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL VD	nt and title if applicable (N ND DIRECTORS	13. 1.1 TITL 12 NAM 1.3 STF 1.4 CII 2.1 TITL 2.1 TITL 2.1 TITL 2.1 TITL 3.1 TITL 3.1 TITL 4.1 TITL 4.1 TITL 5.1	E D  ME  EET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE Chi	CTORS IN 12 ange Addition
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL VD GIFFORD, BUZ	nt and title if applicable (N ND DIRECTORS DELETE	13. 1.1 T/T/ 12 NAN 1.3 STR 1.4 C/T/ 2.1 T/T/ 2.2 NAN	E D  ME  EET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE Ch	CTORS IN 12 ange Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ages OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL VD GIFFORD, BUZ 223 SNOW GOOSE LANE	NO DIRECTORS DELETE	13. 1.1 Tifu 12 NAP 1.3 STF 1.4 CIT 22 NAP 23 STF	E D  ME  EET ADDRESS Y-ST-ZIP	VICE PRESIDENT SCOTT CHISM 238 STUDING GOSE LU PACKSON VILLE P 3333	DATE FICERS AND DIRE Ch	CTORS IN 12 ange Addition ange Addition
SIGNATURE _  112.  111LE	Signature, typed or printed name of registered ages OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL VD GIFFORD, BUZ	nt and title if applicable (N ND DIRECTORS DELETE	13. 1.1 Tifu 12 NAP 1.3 STF 1.4 CIT 22 NAP 23 STF	E D  AE EEI ADDRESS Y-ST-ZIP EEI ADDRESS MEEET ADDRESS	VICE PRESIDENT SCOTT CLISM 238 STUDIO GOSSE LU PARKSONILLE 3323	DATE FICERS AND DIRE Ch	CTORS IN 12 ange Addition ange Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL VD GIFFORD, BUZ 223 SNOW GOOSE LANE JACKSONVILLE FL	NO DIRECTORS DELETE	13. 1.1 Tifu 12 NAP 1.3 STF 1.4 CIT 2.1 Tifu 2.2 NAP 2.3 STF 2.4 CI 3.1 Tifu 3.2 NAP	E D  AE EEI ADDRESS Y-ST-ZIP EEI ADDRESS MEEET ADDRESS	VICE PRESIDENT SCOTT CLISM 238 STUDIO GOSSE LU PARKSONILLE 3323	DATE FICERS AND DIRE Ch	CTORS IN 12 ange Addition ange Addition
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SIGNATURE  112.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	OFFICERS AT PD PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL VD GIFFORD, BUZ 223 SNOW GOOSE LANE JACKSONVILLE FL TD JOYNER, FAY GRUBER	NO DIRECTORS DELETE DELETE	13. 1.1 Tifu 12 NAP 1.3 STF 1.4 CIT 2.1 Tifu 2.2 NAP 2.3 STF 2.4 Ci 3.1 Tifu 3.2 NAP 3.3 STF 3.4 Cit 4.4 Cit	E D  ME  EET ADDRESS Y-ST-ZIP  ME  HEET ADDRESS IY-ST-ZIP  ME  ME  ME  ME  ME  ME  ME  ME  ME  M	VICE PRESIDENT SCOTT CLISM 238 STUDIO GOSSE LU PARKSONILLE 3323	DATE FICERS AND DIRE Ch	CTORS IN 12 ange Addition ange Addition
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# 1/12/94 904-221-3684