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

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N50760

(0)

## DELEON MANORS HOMEOWNERS' ASSOCIATION, INC.

Principal Phone of Punkases									
Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***********	
7136 A1A SOUT		7136 A1A SOUTH				İ			
ST. AUGUSTINE US	FL 32000	US	ST AUGUSTINE FL 32066-8107 US						
						<ol> <li>Date Incorporated or Qualified 09/08/1992</li> </ol>	3a. Date 07	of Last F /23/19	teport <b>96</b>
<del>-</del>	lace of Business	2a. Mailing Address				4. FEI Number 59-3168521		A	pplied For
Suite, Apt.	# 616	26 Cuito Ant 4 etc				38-3 10032 1		<del></del>	lot Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State		City & State				6. Election Campaign Financing	<del></del>	<del></del>	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country			8. This corporation has liability for i	ntangible ta	x under s	s. 199.032,
24	25	29	30	,			Yes 🛄		
	9. Name and Address of Curre	ent Registered Agent		81	NI	10. Name and Address of New Re	platered Ag	ent	R#
BENE E	34 M/Z 107			"	Name				
PEPE, FF 7136 A1/			82 Street Address (P.O. Box Number is I			le)			
ST. AUG			83						
				84	City		<del></del>	05 710	Code
				i I	- 7		PL!		Code
<ol> <li>Pursuant to office or re</li> </ol>	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617.1508, Florida Statut e of Florida. Such change was	es, the al authorized	bove d by	-named co	prooration submits this statement for the pration's board of directors. I hereby accep	urpose of ci	nanging i	ts registered
agent. I ai	m tamiliar with, and accept the obli	gations of, Section 617.0503, Fk	orida Stat	utes	<b>3.</b>				
SIGNATURE _	Signature, typed or printed name of registered a	Debt and title it applicable (AIC)	F. Ronisterer	d Ana	ent skanst re ser	quired when reinstating)	DATE		
12.		ND DIRECTORS	13.	u ngo	THE BYTHATOTO TEX	ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TC	TLE				Change	Addition
NAME	PEPE, FRANK W. J		1.2 N	AME					
STREET ADDRESS	7136 A1A SOUTH		1.3 S1	TREET	ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL			TY-S	T-ZIP				
TITLE	VD	☐ DELETE	2.1 TI	TLE			L	Change	Addition
NAME	PEPE, EDWARD			AME					
STREET ADDRESS	464 PARK BLVD.		2.3 STREET ADDRESS						
CITY - ST - ZIP	STRATFORD CT				ST-ZIP				
TITLE	STD DELETE			TLE			ᆫ	Change	Addition
NAME	ANA DAMA DIAM			AME					
STREET ADDRESS	ATRITTAND AT				ADDRESS				
CITY-ST-ZIP TITLE				3.4. GITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME		Land Western	4.2 N			-	_	1 Change	L. ADOMON
STREET ADDRESS					ADDRESS		•		
CITY-SY-ZIP			4.4 CI		i i				
TITLE		☐ DELETE	5.1 T(					Change	Addition
NAME			5.2 N	AME				•	ì
STREET ADDRESS			5.3 ST	reet	ADDRESS				
CITY-ST-ZIP			5.4 Cf	TY-S	T-ZIP				
TITLE		☐ DELETE	6.1 Tr	TLE				Change	Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 \$1	REET	ADDRESS				

SIGNATURE:

14. I do 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.

**FILED** 

Feb 13 1997 8:00am

Secretary of State