CORPORATION ANNUAL REPORT       Image: State	NO	FILE NOW: FIL	ING FEE IS \$61.2			]	I	ILE		
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C. BOX 194 MERNESS R. 34450       P.O. BOX 194 MERNESS R. 34451       3. Data Incorporated or Qualified 1030/1992         F. Frincipal Place of Business       I.e. Mailing Address       5. Data Incorporated or Qualified 1030/1992         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. Apl #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. App #, etc       Solid. Apl #, etc         Solid. Apl #, etc       Solid. App #, etc       Solid. App #, etc         Solid. Apl #, etc       Solid. App #, etc       Solid. App #, etc         Solid. App #, etc       Solid. App #, etc       Solid. App #, etc         Solid. App #, etc       Soli	vinginal Place	o of Pupinson								
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City & State     27     City & State     City & Stat									Fee R	beilupe
City & State       City & State       7. Is this nonprofit corporation a bornewring association?         212       Country       219       Country       8. This corporation owes or has paid the current year inlang bid         213       44.57       28       Country       219       20       Country       8. This corporation owes or has paid the current year inlang bid         214       28       210       20       Country       210       Country       10. Name and Address of New Registered Agent         1       0       West MAIN STREET       210       10. Name and Address of New Registered Agent       11. Name and Address of New Registered Agent       11. Name and Address of New Registered Agent       11. Name and Address of New Registered Agent       12. Name and Address of New Registered Agent       11. Name and Address of New Registered Agent       13. Name and Address of New Registered Agent       13. Name and Address of New Registered Agent       13. Name New Registered Agent<							· •			
B. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         LOCASCIO, AMY       MARCIA L. DAVIES         200 WEST MAIN STREET       MARCIA L. DAVIES         NVERNESS FL 34450       ES Brood Address (F) C. Dox Number is Not Acceptable)         3250 S. BLACK MOUNTAIN JR.       BS 3250 S. BLACK MOUNTAIN JR.         60       ES Brood Corporation submits this statement for the purpose of changing its registered agent. I managent and accept the optimum plasment on the provisions of Sections BI Section 170500, Finded Statetes.         1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statetes.       The boxen-arread corporation submits this statement for the purpose of changing its registered agent. I managenty. and accept the optimum plasment of the appointment as registered agent. I managenty and accept the optimum plasment of the provisions of Sections BI Section 170500, Finded Statetes.         IGNATURE       Job Triat States.       3/01/98         Ignave typed or provisions and and of registered agent and and a speciable       Kortt: Ingusted Agent agentame to the speciate date of registered agent agentame to the speciate date of registered agent.         It is       OFFICERS AND DIRECTORS       13.       Corporation submits its states.         It is       OFFICERS AND DIRECTORS       13.       Corporation submits its states.         It is       OFFICERS AND DIRECTORS       13.       Corporation submits its statestreet agent and addition its applicate the speciate a	City & State		City & State			7	7. Is this nonprofit corporation	a homeowner	rs associatio	on?
LOCASCO, AMY         LOCASCO, AMY         200 WEST MAIN STREET         NVERNESS FL 34450         41         10         42         11         12         12         13         14         15         15         16         17         18         18         19         10         10         10         11         11         12         12         12         13         14         14         15         15         16         16         17         18         18          19          110         1110         12         12         13         14         14         1110         1110         1110         1110         1110         1110         1110	<sup>zio</sup> 344		29		try		Personal Property Tax due	June 30.	🗌 Yes	
LOCASCIO, AMY       MARCIA L. DAVIES         200 WEST MANN STREET       MARCIA L. DAVIES         NVERNESS FL 34450       3250 S. BLACK MOUNTAIN JR.         41       City Enclose of Sectors 617.0502 and 617.1508. Florids Statutes, the above amed corporation submits this statement for the purpose of changing its registered agent. or tools, in the Staty of Florids Statutes, the above amed corporation submits this statement for the purpose of changing its registered agent. or tools, in the Staty of Florids Statutes, the above amed corporation submits this statement for the purpose of changing its registered agent. or tools, in the Staty of Florids Statutes, the above amed corporation's board of directors. I hereby accept the appointmant as registered agent and the registered agent agent and the registered agent agent and the registered agent a		9. Name and Address of Curre	ent Registered Agent					w Registered	Agent	
200 WEST MAIN STREET       3250 S. BLACK MOUNTAIN DR.         NVERNESS FL 34450       33         40       City       City         41       City       City         42       City       City         43       City       City         44       City       City         44       City       City         44       City       City         44       City       City         45       City       City         46       City       City         47       City       City         48       City       City         49       City       City         49       City       City         40       City       City         40       City       City         40       City       Coty         40       City       Coty         40       City       Coty       Coty         40       City       Coty       Coty       Coty         40       City       Coty       Coty       Coty       Coty         40       City       Coty       City       Coty       City	LOCASC	XO, AMY			MARC			antable)	<u> </u>	
Internets of Losso       OFFICE IPS AND DIRECTORS       Internet of Internets of Losso				Ľ	3250	<u>S.</u>	BLACK MOUNTAIN D	R.		
I. Pursuant to the provisions of Sections 617.0502 and 617.1506. Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent. Lam family up and accept the appointment as registered agent. Lam family up, and accept the objections for Society as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam family up, and accept the objections for Society as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam family up, and accept the objections for Society as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the registered agent agent agent and the registered agent ag	INVERNE	ESS FL 34450		• •	13					
1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent. I am family up and accept the objections p1 Section 617.0503, Florida Statutes, the above-name of directors. I hereby accept the appointment as registered agent. I am family up, and accept the objections p1 Section 617.0503, Florida Statutes, the above-name of directors. I hereby accept the appointment as registered agent. I am family up, and accept the objections p1 Section 617.0503, Florida Statutes, the above-name of directors. I hereby accept the appointment as registered agent and time t explication.       3/01/98         IGNATURE       3/01/98         Signave typed or provid num of angument and time t explication.       (hote: input and accept the objections f1 Section 617.0502, Florida Statutes, and accept the appointment as registered agent. Addition f1 Section 617.0502, Florida Statutes.         2.       OFFICERS AND DIRECTORS       (hote: input and accept the appoint and and addition f1 Section 617.0502, Florida Statutes, and accept the appoint and addition f1 Section 617.0502, Florida Statutes, and accept the appoint and addition f1 Section 617.0502, Florida Statutes, and accept the appoint and addition f1 Section 617.0502, Florida Statutes, and accept the appoint and addition f1 Section 617.0502, Florida Statutes, and accept f1 Section 617.0502, Florida Statutes, and f1 Section 617.0502, F										
IGNATURE       Junited T, United and June Sected to the sect					4 City INVE	RNESS			.    344	50
Dignalize typind or priving and of ingle and line of applicable       (NOTE: Regulated Agama ignature regulated then refinating)       DATE         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 12         THE       D       In the construction of applicable added and the refination of applicable added adde	1. Pursuant t	to the provisions of Sections 617.05 agistered agent, or both, in the Staj	502 and 617.1508, Florida Statute Port Florida, Such change was a		4 City INVE ove-named by the corp	RNESS corporat	5 ion submits this statement for s board of directors. I hereby a		.    344	50
The       D       D       D       D       Addition         MME       CLAIR, RICK ST       3824 N OWEN TRAIN       13 STREET ADDRESS       517 8 ROBERAT BLAKE AVE.       JOANNE MCBREARTY         TY-SI-2P       INVERNESS FL       13 STREET ADDRESS       517 8 ROBERAT BLAKE AVE.       JOANNE MCBREARTY         TY-SI-2P       INVERNESS FL       13 STREET ADDRESS       517 8 ROBERAT BLAKE AVE.       JOANNE MCBREARTY         NWE       D       MAG       C-DIRECTOR       JOANNE MCBREARTY         NWE ANDRESS       FL       INVERNESS, FL       JOANNE MCBREARTY         NWE       Street ADDRESS       STA CLAIR R       JOANNE MCBREARTY         S824 N OWEN TRL       Street ADDRESS       FL       OLAddition         NWE RINESS FL       21 TITLE       C-DIRECTOR       JOANNE A         S824 N OWEN TRL       383 STREET ADDRESS       JOANNE A       GO-DIRECTOR       CO-DIRECTOR         NWE RICE ADDRESS       FLORAL CITY FL       JOANNE A       JOANE       GO-DIRECTOR       ZoANNE         NWE RICE ADDRESS       FLORAL CITY FL       DELETE       31 TITLE       CO-DIRECTOR       ZoANNE       JOANE         NWE RICE ADDRESS       FLORAL CITY FL       JOANNE A       JOANNE A       JOANE       JOANE       JOANE		to the provisions of Sections 617.05 ogistered agent, or both, in the Staj m familiar with, and accept the obj			4 City INVE by the corp les.	RNESS corporation's	S ion submits this statement for s board of directors. I hereby a	the purpose o ccept the app	f changing i pointment as	50
TREET ADDRESS       3824 N OWEN TRAIN       13 STREFT ADDRESS       5178 ROBEKT BLAKE AvE.         TY: 51-2P       INVERNESS FL       14 CITY-ST-2P       INVERNESS, FL 34452         TILE       D       D       D       D         AME       ST, CLAIR R       22 NAME       DIANA L. FOURNIER         3824 N OWEN TRL       23 STREFT ADDRESS       DIANA L. FOURNIER         3824 N OWEN TRL       23 STREFT ADDRESS       JAME         3824 N OWEN TRL       23 STREFT ADDRESS       JA452         ITLE       DS       24 CITY-ST-2P       INVERNESS, +1 34452         ITLE       DS       35 STREFT ADDRESS       34 CITY-ST-2P         ITLE       AME       35 STREFT ADDRESS       34 CITY-ST-2P         TREET ADDRESS       34 CITY-ST-2P       19 J32 S. PALUMINU TR         34500 E ORANGE AVE       33 STREFT ADDRESS       34 CITY-ST-2P         TILE       IDELETE       41 TITLE       CO -DIRECTOR         AME       CHORAL CITY FL       410 STREFT ADDRESS       49 GY S. RAINBOW CR.         TILE       IDELET		Signature: typed or printed name of registered a	gent and title if applicable. (NOTE	s, the abo uthorized l rida Statut	by the corp les.	corporat coration's	ion submits this statement for s board of directors. I hereby a ren reinstating)	the purpose o iccept the app 3/01/98 DATE	f changing i pointment as	ts registered registered
ITY-SI-2P       INVERNESS FL       14 CITY-ST-2P       INVERNESS, FL 34452         TLE       D       JST DELETE       21 TITLE       C-DIRECTOR       J Change       Addition         AME       ST, CLAIR R       23 STREET ADDRESS       JAAME       DIANA L. FOURNIER       400 TEMPLE ST.         INVERNESS FL       11 TITLE       23 STREET ADDRESS       11 TITLE       CO-DIRECTOR       X         INVERNESS FL       24 CITY-ST-2P       INVERNESS, FL 34452       Change       Addition         INVERNESS FL       24 CITY-ST-2P       INVERNESS, FL 34452       Change       Addition         INVERNESS FL       31 TITLE       CO-DIRECTOR       X       Change       Addition         AME       CROSS, SANDRA       32 NAME       33 STREET ADDRESS       16 13 2 S. PALUMINU TR       16 13 2 S. PALUMINU TR         ITTE ADDRESS       4500 E ORANGE AVE       33 STREET ADDRESS       34 CITY-ST-2P       FLORAL CITY FL       24 CMANE       16 13 2 S. PALUMINU TR         ITTLE       IDELETE       31 TITLE       16 13 2 S. PALUMINU TR       40000 CR.       14 0000 CR	IGNATURE _	Signature typed or printed name of registered a OFFICERS A	igent and title # applicable. (NOTE ND DIRECTORS	s, the abo uthorized I rida Statut Registered A	by the corp les.	corporat coration's	ion submits this statement for s board of directors. I hereby a men reinstating) ADDITIONS/CHANGES TO C	the purpose o iccept the app 3/01/98 DATE	344     f changing     pointment as     contract as     contract as     contract as	ts registered s registered
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ITV-ST-ZIP     INVERNESS FL     2.4 CITY-ST-ZIP     INVERNESS, FL 34452       TREE     DS     ITTLE     INVERNESS, FL 34452       GREET ADDRESS     GREET ADDRESS     33 STREET ADDRESS     GO - DI RECTOR       ITV-ST-ZIP     FLORAL CITY FL     34 CITY-ST-ZIP     Itel 41 TITLE       ITV-ST-ZIP     DELETE     34 CITY-ST-ZIP     FLORAL CITY, FL 34436       ITV-ST-ZIP     IDELETE     41 TITLE     CO - DI RECTOR       ITV-ST-ZIP     IDELETE     51 TITLE     BECKY O'CONNELL       40 CITY-ST-ZIP     INVERNESS, FL 34450     IL Change     Addition       ITV-ST-ZIP     IDELETE     51 TITLE     INVERNESS, FL 34450     IL Change     Addition       ITV-ST-ZIP     IDELETE     51 TITLE     INVERNESS, FL 34450     IL Change     Addition       ITV-ST-ZIP     IDELETE     54 CITY-ST-ZIP     3250 S. BLACK MOUNTAIN DR.	IGNATURE _ 2. TLE AME IREET ADDRESS TY - S1 - ZIP	Signaluro byned or priviled name of registered a OFFICERS AT D CLAIR, RICK ST 3824 N OWEN TRAIN INVERNESS FL	in the constant of applicable (NOTE ND DIRECTORS	s, the abo uthorized I ride Statut Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	Ve-named by the corp les. Agent signeture E E E E E E T ADDRESS - ST- ZIP	corporation's prequired wf CO-I JOAN 5178 INVE	ion submits this statement for s board of directors. I hereby a <u>ADDITIONS/CHANGES TO C</u> DIRECTOR NE MCBREARTY 3 ROBEKT BLAKE A SRNESS, FL 34452	the purpose o ccept the app 3/01/98 DATE FFICERS AND	Add Sector (1997)	ts registered s registered
LE       DS       DELETE       3.1 TITLE       CO-DIRECTOR       Change       Addition         MME       ABS80 E ORANGE AVE       3.2 NAME       S.3 STREET ADDRESS       40132 S. PALUMINU TR         HEET ADDRESS       S.4 CITY-ST-ZIP       H0132 S. PALUMINU TR       H0132 S. PALUMINU TR         HEET ADDRESS       3.4 CITY-ST-ZIP       FLORAL CITY, FL 34436       CY Change       Addition         MME       IDELETE       4.1 TITLE       CO-DIRECTOR       CO-DIRECTOR       CO-DIRECTOR         MME       IDELETE       4.1 TITLE       FLORAL CITY, FL 34436       CY Change       Addition         MME       Addition       4.2 NAME       BECKY O'CONNELL       Addition         MME       IDELETE       5.1 TITLE       INVERNESS, FL 34450       CL Change       Addition         MAE       IDELETE       STREET ADDRESS       4993 S. RAINBOW CR.       Change       Addition         MAE       IDELETE       STREET ADDRESS       FL 34450       LL Change       Addition         MAE       STREET ADDRESS       STREET ADDRESS       SA CITY-ST-ZIP       3250 S. BLACK MOUNTAIN DR.         ILE       IDELETE       IDELETE       6.1 TITLE       INVERNESS, FL 34450       Change       Addition         MAE	GNATURE _ ILE IME REET ADDRESS TY-SI-ZIP ILE IME	Signaluze by Pedia printed name of registered a OFFICERS AI D CLAIR, RICK ST 3824 N OWEN TRAIN INVERNESS FL D ST, CLAIR R	in the constant of applicable (NOTE ND DIRECTORS	s, the abo uthorized I rida Statut 1.3 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	Agent signature E E E E E E T ADDRESS - ST-ZIP E	CO-I JOAN 5178 C-DI C-DI	ion submits this statement for s board of directors. I hereby a <u>ADDITIONS/CHANGES TO C</u> DIRECTOR NE MCBREARTY 3 ROBEKT BLAKE A SRNESS, FL 34452 (RECTOR	the purpose o ccept the app 3/01/98 DATE FFICERS AND	Add Sector (1997)	SS IN 12
MME     CROSS, SANDRA     32 NAME     32 NAME     32 NAME     XATHY POMPOSELLI       REET ADDRESS     B580 E ORANGE AVE     33 STREET ADDRESS     10132 S. PALUMINU TR       ILE     DELETE     0 DELETE     4. TITLE       MME     0 DELETE     4. TITLE     CO - DIRECTOR       MME     0 DELETE     4.1 TITLE     CO - DIRECTOR       MME     4.2 NAME     4.3 STREET ADDRESS     BECKY O'CONNELL       MME     4.3 STREET ADDRESS     4.993 S. RAINBOW CR.       TY-ST-ZIP     DELETE     5.1 TITLE       ILE     DELETE     5.1 TITLE       MME     S. STREET ADDRESS     4.993 S. RAINBOW CR.       ME     S. STREET ADDRESS     4.993 S. RAINBOW CR.       ME     S.3 STREET ADDRESS     5.3 STREET ADDRESS       MAE     S.3 STREET ADDRESS     MARCIA L. DAVIES       S.3 STREET ADDRESS     5.4 CITY-ST-ZIP     3.250 S. BLACK MOUNTAIN DR.       ILE     DELETE     6.1 TITLE     INVERNESS, FL 34450     Change Addition       MAE     S.3 STREET ADDRESS     6.3 STREET ADDRESS     Change Addition	IGNATURE _ 2. TLE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS	Signaluze by red or priviled name of registered a OFFICERS AI D CLAIR, RICK ST 3824 N OWEN TRAIN INVERNESS FL D ST, CLAIR R 3824 N OWEN TRL	in the constant of applicable (NOTE ND DIRECTORS	s, the about horized in the statut of the statuto of the statut of the statut of the statut of the statut of the s	Agent signature E E E E E T ADDRESS - ST - ZIP E E E E E E E E E E E E E	COPDIA required wf CO-I JOAN 5178 INVE C-DI DIAN 402	ion submits this statement for s board of directors. I hereby a ADDITIONS/CHANGES TO C DIRECTOR NE MCBREARTY 3 ROBERT BLAKE A CRNESS, FL. 34452 (RECTOR VA L. FOURNIER TEMPLE ST.	the purpose o cccept the app <u>3/01/98</u> DATE FFICERS AND	Add Sector (1997)	SS IN 12
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IVY-ST-ZIP     IVY-ST-ZIP       ILE     DELETE       IDELETE     S.1 TITLE       S.2 NAME     TREASURER       ME     S.2 NAME       S.2 NAME     TREASURER       S.3 STREET ADDRESS     MARCIA L. JAVIES       S.4 CITY-ST-ZIP     S.4 CITY-ST-ZIP       JDELETE     G.1 TITLE       IV-ST-ZIP     DELETE       DELETE     G.1 TITLE       IDELETE     G.1 TITLE	IGNATURE _ 2. TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE	Signaluro byned or priviled name of registered a OFFICERS AI D CLAIR, RICK ST 3824 N OWEN TRAIN INVERNESS FL D ST, CLAIR R 3824 N OWEN TRL INVERNESS FL DS CROSS, SANDRA 8580 E ORANGE AVE	, tracres (NOTE ND DIRECTORS DELETE	s, the about horized i ide Statut Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	Agent signature Agent signature E E E E E E E E E E E E E	COPDIA COPICIA COPICIA JOAN 5178 INVE CODI DIAN 402 INVE CODI KATH 1013 FLOR COPIC	ion submits this statement for s board of directors. I hereby a <u>ADDITIONS/CHANGES TO C</u> DIRECTOR NNE MCBREARTY B ROBEKT BLAKE A SRNESS, FL 34452 IRECTOR VA L. FOURNIER TEMPLE ST. CRNESS, FL 34452 DIRECTOR IY POMPOSELLI B2 S. PALUMINU TH CAL CITY, FL 3445 DIRECTOR	the purpose o cccept the app DATE DATE FFICERS AND /E.	■ 344 of changing pointment as DIRECTOF ↓ Change	SO IN 12 Addition
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