## FILE NOW: FILING FEE IS \$61.25

 NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300003375 (3)

KESHISHIAN SUBDIVISION COMMUNITY ASSOCIATION, IN C.					12211101 610 1610 1111 0211 0211 0211	loin acid cance dues '	11111 1 <b>030</b> 1 <b>0</b> 44 1 <b>00</b> 1
7445 KESHISHIAN COURT 7		Mailing Address	Mailing Address  7445 KESHISHIAN COURT LAKELAND FL 33809				
				3	3. Date Incorporated or Qualified 07/23/1993	3a. Date of La	ast Report
_2. Principal i 21	Place of Business	2a. Mailing Address		4	FEI Number	1 00/01/	Applied For
Suite, Apr	t. # etc.	26			NOT APPLICABLE	<u> </u>	Not Applicable
2		Suite, Apt #, etc.		5	Certificate of Status Desired	\$8.7	75 Additional
City & State		City & State	<del></del>				e Required
23		28		6	Election Campaign Financing Trust Fund Contribution	<b>55.</b>	.00 May Be
Zip 24	Country	Zip	Country	8	I. This corporation has liability for in	tangible tay undor	ded to Fees
[4]	25 9. Name and Address of Curre	29	30		Fiorida Statutes	Yes □ No	6. 199.032,
		mit negistered Agent	81 N	anne 10	). Name and Address of New Re	gistered Agent	
CHRITT	ON, CHARLES P		[.]				
	OUTH FLORIDA AVENUE		<b>82</b> St	treet Address (F	P.O. Box Number is Not Acceptable	)	
BUILDIN	IG F		83				
LAKELA	ND FL 33807		ļ	··	······································		
<del></del>			<b>84</b> Or	•		FI 85 Z	Zip Code
familiar w SIGNATURE	to the provisions of Sections 617,050 ared agent, or both, in the State of Flor pith, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN	ction 617.0503, Florida Statute:	zed by the corporati s. DTE Registered Agent signs 13.	ature required when re	enstating:	DATE	ed agent. I am
TITLE	PVTD	DELETE	1.1 TITLE		ADDITIONS CHANGES TO OFFICE		
NAME	KESHISHIAN, GARABET A		1.2 NAME			☐ Change	Addition
STREET ADDRESS	7445 KESHISHIAN COURT		13 STREET ADDR	ESS			
CITY - ST - ZIP	LAKELAND FL 33809		1.4 CHTY - ST - ZIP				
iitle Vame	d Keshishian, Siranush	☐ DEL <b>E</b> 1E	2 1 TIFLE			Change	Add tion
STREET ADDRESS	7445 KESHISHIAN COURT		22 NAME			_ •	
CITY-ST-ZIP	LAKELAND FL 33809		23 STREET ADDRE	1			
TITLE	SD SD	DELETE	2 4 CITY - ST - ZIP				
NAME (	KESHISHIAN, HAROUT G		3 1 111/16	• .		Change	Addition
TREET ADDRESS	7445 KESHISHIAN COURT		3.2 NAME 3.3 STREET ADDRE	FAC			
CITY-ST-ZIP	LAKELAND FL 33809		3 4 CITY-SI-ZIP	l l			
TTLE		DELETE	4 1 TITLE			☐ Change	T Adapta
iame			4 2 NAME			□] change	Addition
TREET ADDRESS			4 3 STREET ADDRE	iss			
ITY-ST-ZIP			4 4 CITY - ST - ZIP				
AME		☐ DELETE	51 TITLE			Change	Addition
TREET ADDRESS			5.2 NAME				_
ITY-ST-ZIP			5 3 STREET ADDRES	SS			
TLE		DELETE	5 4 CITY - ST - ZIP				
AME			6 1 TITLE		200001893	39 <b>92</b> %	Addition
TREET ADORESS			6.2 NAME 6.3 STREET ADDRES		-07/16/9601023	J031	5/
ITY-ST-ZIP					***61.25		//
<ol> <li>I do hereby certify that</li> </ol>	certify that the information supplied w	vith this filing is voluntarily furnis	shed and does not d	qualify for the ex	xemption stated in Section 110.07/	Whi Florida Chair	1 12
14. I do hereby	certify that the information supplied withe information indicated on this annu- am an officer or director of the corpor Block 12 or Block 13 if changed or	vith this filing is voluntarily furnish al report of supplemental annu- ation or the receiver or trusted an attachment with an addre	shed and does not delegate and empowered to execuse.	qualify for the ex	kemption stated in Section 119.07(3 hat my signature shall have the san as required by Chapter 617, Florida	))(k), Florida Statute ne legal effect as if a Statutes; and tha	es. I further made unde at my name

SIGNATURE: \_

SIGNATURE NO TYPED OR PARTIES NAME OF SIGNING OFFICER OR DIRECTOR

Harout G. Keshishian, SD

941-683-7524

Daytinie Phone #