

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000005202 (7)**

1. Corporation Name

LOSCO WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4649 HARPERS FERRY LANE JACKSONVILLE FL 32257 US	Mailing Address 4649 HARPERS FERRY LANE JACKSONVILLE FL 32257 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 11/17/1993	
4. FEI Number 59-3214103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DENZIO, RICHARD C. 4649 HARPERS FERRY LANE JACKSONVILLE FL 32257	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	LAWSON, ROBIN	1.2 NAME	NEAL, LYNN
STREET ADDRESS	4657 HARPERS FERRY LN	1.3 STREET ADDRESS	11130 LOSCO JUNCTION DR. S.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	D	2.1 TITLE	
NAME	MAPLES, CHESTER	2.2 NAME	
STREET ADDRESS	11260 LOSCO JUNCTION DR S	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	DIMARCO, ROBERT	3.2 NAME	
STREET ADDRESS	11252 LOSCO JUNCTION DR S	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	COPELAND, KAREN	4.2 NAME	
STREET ADDRESS	11132 STONEY POINT LANE WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	DT	5.1 TITLE	
NAME	IMLER, BRIAN	5.2 NAME	
STREET ADDRESS	11149 LOSCO JUNCTION DR S	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	
NAME	DENZIO, RICHARD C.	6.2 NAME	
STREET ADDRESS	4649 HARPERS FERRY LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: *Richard C. Denzio* **RICHARD C. DENZIO, PRES**
3-16-98

CR2E037 (10/97)