**FILED** 

Oct 08 1998 8:00am

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400000075 (1)

CHOKOLOSKEE ISLAND PROPERTY OWNERS ASSOCIATION, INC.

INC.				
Principal Place of Business	Mailing Address			<b>a</b> uki <b>aa</b> kio <b>aa</b> uki <b>aa</b> kii aalii kaadi auki idak
318 MAMIE STREET CHOKOLOSKEE FL 33925	318 MAMIE STREET CHOKOLOSKEE FL 33925		Date Incorporated or Qualified     12/29/1993     4. FELNumber	-   Applied For
			65-0492431	Not Applicable
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired	[ ] \$8.75 Additional
21     Suite, Apt. #, etc	26    Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5,00 May Be
[22]	27		Trust Fund Contribution	Added to Leas
City & State	City & State		7. Is this nonprofit corporation a hon	neowners association? Yes—[2] No
Zip Country	Zip	Country	8. This corporation owes or has paid	·
24    25		90]	Personal Properly Tax due June :	~
9. Name and Address of C	urrem Registered Agent	81 Name	10. Name and Address of New Reg	listered Agent
HANCOCK, A C JR.		82 Street Add	dress (P.O. Box Number is Not Acceptable	ન
318 MAMIE STREET				·/
CHOKOLOSKEE FL 33925		83		
		84 City	•	85 Zip Code
Pursuant to the provisions of sections 617, office or registered agent, or both, in the Sagent, Faru familiar with, and accept the control of the contr	itate of Florida. Such change was auth	orized by the corporation		
SIGNATURE	ed agent and tate if applicable (NOTE	Registered Agent segnature rec	quired whou reinstahing)	DATE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
INLE PD	[   DELETE	1.1 TITLE		Change Addition
NAMI HANCOCK, A.C. STREET ADDRESS 318 MAMIE ST		1.2 NAME 1.3 STREET ADDRESS		
CITY-STEAP CHOKOLOSKEE FL		1.4 CH Y-S1-7IP		
TITLE VD	DELETE	2.1 TIELE		[   Change [   Addition
NAME WELLS, ROBERT		2.2 NAME		
STREET ADDRESS 288 MAMIE ST.		23 STREET ADDRESS		
CHOKOLOSKEE FL	[   DELFTE	2.4 CHY-S1-7IP 3.1 THLE		
NAME TIFFT, FRANCES	(   Dill II	3.2 NAME		[ ] Gita ige [ ] Addition
STREELADORESS 228 MAMIE ST.		33 STREET ADDRESS		
CHOKOLOSKEE FL	[ ]	3.4 CiTy-S1-ZIP		t t
NAME BROWN, A. KENNETH	[ ] DELETE	4.1 TIBLE 4.2 NAME		Change Addition
STREET ADDRESS P.O. BOX 39 N/A		4.3 STREET ADDRESS		
CHOKOLOSKEE FL		4.4 CITY-ST-ZIP		
THE D	[ ] DELETE	5.13DLE		[   Change [   Addition
STREET ADDRESS P.O. BOX 69 N/A		5.2 NAME 5.3 STREET ADDRESS		
CHY-S1-24P CHOKOLOSKEE FL		5.4 CiTy-ST-ZIP		
Tale	[   DELETE	6171111		Change [ Addition
NAME		6.2 NAME		
STREET ADORESS CITY-ST-ZIP		63 STREET ADDRESS		
14. Thereby certify that the information supplie indicated on this armual report or supplier an officer or director of the corporation of in Block 12 or Block 13 if changed, or on a	iental annual report is true and accura the receiver or trustee empowered to c	exemption stated in se to and that my signature	e shall have the same legal effect as if ma	ide under oath; that I am
SIGNATURE: SIGNATURE AND THE	C OLAMA TEU OR PRINTED NAMEJOY SIGNING OFFICER O	R DIRECTOR	7.29.98 trace	941.698-3322 Daysing Priorice#