

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 038 ****61.25

DOCUMENT # N9400000575

1. Corporation Name

The First St. James Park Homeowner's
Association, Inc.

Principal Place of Business

2407 Ravendale Court
Kissimmee, FL 34758

Mailing Address

2407 Ravendale Court
Kissimmee, FL 34758

2. Principal Place of Business

21 William Luzi

2a. Mailing Address

26 William Luzi

3. Date Incorporated or Qualified
02/04/1994

Suite, Apt. #, etc.

22 2407 Ravendale Court

Suite, Apt. #, etc.

27 2407 Ravendale Court

4. FEI Number
59-3191237

Applied For
Not Applicable

City & State

23 Kissimmee, FL

City & State

28 Kissimmee, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country
24 34758 25 Osceola

Zip Country
29 34758 30 Osceola

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

William Luzi
2407 Ravendale Court
Kissimmee, FL 34758

10. Name and Address of New Registered Agent

81 Name William Luzi

82 Street Address (P.O. Box Number is Not Acceptable)

2407 Ravendale Court

83

84 City Kissimmee

FL

85 Zip Code
34758

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

William F. Luzi
Signature, typed or printed name of registered agent and title if applicable.

William F. Luzi
(NOTE: Registered Agent signature required when reinstating)

DATE

6/23/99

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME Pelletier, Wilmer

STREET ADDRESS 2490 Albany Drive

CITY-ST-ZIP Kissimmee, FL 34758

TITLE DS/T ☐ DELETE

NAME Ziebenberg Louisa

STREET ADDRESS 2498 Albany Drive

CITY-ST-ZIP Kissimmee, FL 34758

TITLE D ☐ DELETE

NAME Filippone, Patricia

STREET ADDRESS 2418 Ravendale Court

CITY-ST-ZIP Kissimmee, FL 34758

TITLE DP ☐ DELETE

NAME Luzi, William

STREET ADDRESS 2407 Ravendale Court

CITY-ST-ZIP Kissimmee, FL 34758

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

William F. Luzi
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

6/23/99 407-8707736

CR2E037 (1/98)