


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000005262 (0)</b> 1. Corporation Name <b>THE LOVELANDERS, INC.</b>			
Principal Place of Business <b>4002 S TAMiami TR VENICE FL 34293</b>		Mailing Address <b>4002 S TAMiami TR VENICE FL 34293</b>	
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	
9. Name and Address of Current Registered Agent <b>ROBERTS, GREGORY C 341 W VENICE AVE VENICE FL 34285</b>			
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			
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			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	MAHONEY, JACK		
STREET ADDRESS	369 REDWOOD ROAD		
CITY - ST - ZIP	VENICE FL 3429-3		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	MEANEY, MARY		
STREET ADDRESS	9 DOMINICA DR.		
CITY - ST - ZIP	ENGLEWOOD FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	MACKEY, JOYCE		
STREET ADDRESS	604 PAGET DR.		
CITY - ST - ZIP	VENICE FL		
TITLE	RS	<input type="checkbox"/> DELETE	
NAME	ZELLER ETHEL		
STREET ADDRESS	403 WELLINGTON COURT		
CITY - ST - ZIP	VENICE FL		
TITLE	CS	<input checked="" type="checkbox"/> DELETE	
NAME	BLAKE, LOIS		
STREET ADDRESS	336 OAKWOOD CIR.		
CITY - ST - ZIP	ENGLEWOOD FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	MEANEY, MARY		
1.3 STREET ADDRESS	9 DOMINICA DR.		
1.4 CITY - ST - ZIP	Englewood, FL		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	GLENN ZELLER		
2.3 STREET ADDRESS	403 WELLINGTON COURT		
2.4 CITY - ST - ZIP	VENICE, FL		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	CS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	SHIRLEY ANDERSON		
5.3 STREET ADDRESS	326 JACARANDA CIRCLE		
5.4 CITY - ST - ZIP	VENICE, FL. 34292		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			



3. Date Incorporated or Qualified <b>10/25/1994</b>	
4. FEI Number <b>65-0551561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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	

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: \_\_\_\_\_

*John D. Mortham*

1/14/98 941-497-7967

CR2E037 (10/97)