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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001098 (1)**

1. Corporation Name

WAHNETA SPORTS AND NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

Mailing Address

**712 SO. RIFLE RANGE ROAD
WAHNETA FL 33880**

**712 SO. RIFLE RANGE ROAD
WAHNETA FL 33880**

2. Principal Place of Business

2a. Mailing Address

21 20 Sunrise Circle

26 20 Sunrise Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Wahneta, FL

City & State

28 Wahneta, FL

24 33880

Country

25

29 33880

Country

30

9. Name and Address of Current Registered Agent

**FEILDS, DIANA
712 SO. RIFLE RANGE ROAD
WAHNETA FL 33880**

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

59-3255954

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Noble, Danny

82

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

83

20 Sunrise Circle

84

City

Wahneta

FL

85

Zip Code

33880

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

Daniel Noble
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
FIELDS, DIANE S
712 SO. RIFLE RANGE ROAD
WAHNETA FL 33880**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
NOBLE, DANNY
20 SUNRISE CIRCLE
WAHNETA FL 33880**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD
BOLIN, DIANN
205 BOMBER ROAD
WINTER HAVEN FL 33880**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**Treasurer
Dowdy, Diane
1654 Ave. A, West
Wahneta, FL 33880**

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

Daniel Noble

2-24-98 324-5196

CR2E037 (10/97)