FILE NOW: FILING FEE IS \$61.25



CORPORATION ANNUAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUM	MENT # N 9500	0002648					
PAI	ma Sola Cous H 10 14th street 1 Bradenton, Fl.	omeowners Nest 34207	Assoc	intion	,		
Principal Place	of Business	Mailing Address					•
	5410 14th St	reet West					
Bralenton, Fl. 34207					3. Date Incorporated or Qualified 06 D8 1995	3a. Date of La	
	ace of Business	2a. Mailing Address 26			4. FEI Number 65-159/2214	,	Applied For Not Applicable
21 Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		75 Additional
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curren	t Registered Agent	30]		Florida Statutes 10. Name and Address of New R	Yes MNo	
1			8	1 Name			
LAR	ry Ji Copeman		la la	2 Street Add	ress (P.O. Box Number is Not Acceptab	(e)	
615	ry J. Copeman 65th St Ct 1 adenton, F1, 34	ν , ω		13			
BRE	DENTON, F1, 34	209					7-0-4-
10101	10000	~)	1	4 City		FL 85	Zip Code
#1. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the abov	e-named corpor	ration submits this statement for the pur	pose of changing i	ts registered office
familiar wi	th, and accept the obligations of Sect	ion 617.0503, Florida Statutes	S.	iporation s boa	and of directors. I hereby accept the appe	18 - 10	/>/
SIGNATURE .	Signature, typed or printed unimor of registered agent	and title if and cable. (NC	01£: Begistered A	gent signature require	ad when reinstating)	DATE	ZL
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12
TITLE	PTD		1.1 TITL	E		Chan	ge Addition 2
NAME	LARRY J. COPEMAN GS 65th St Ct. N.W.		1.2 NAM				037
STREET ADDRESS	BRADENTON, FL. 34209			EET ADDRESS (-ST-ZIP)
CITY-ST-ZIP TITLE	SCHAENTON, P	DELETE	2.1 TITU			Chan	ge Addition
NAME	Charles S. Char	EMAN	2.2 NA	AE			
STREET ADDRESS	LONNIGSTN. ST	ct. N.W.	2.3 \$TR	eet address			
CITY-ST-ZIP	BRAGENTON	F1. 34209		Y-ST-ZIP		☐ Char	ge () Addition
TITLE NAME	Connie 3, Cope Connie 3, Cope Bradenton, Crmig A. Copen 8904 12th Au Bradenton, 1	אאא .	3.1 TITI 3.2 NAI				.a. [] / manifold
STREET ADDRESS	8904 12th AU	& N.W		EET ADDRESS			
CITY-ST-ZIP	BRADENTON	71, 34209	3.4. C(1	Y-ST-ZIP			
TITLE		☐ DEL E TE	4.1 TIT	É		Char	ige 🔲 Addition
NAME			4.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TIT	Y - ST - ZIP .E		Char	ige , Addition
NAME			5.2 NA	_			
STREET ADDRESS			5.3 ST	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6.1 TIT	· ·	50000185 -06/07/96010)73038 シロレロ(()	age Addition
NAME			62 NA	i	***61.25	,,, ,,,,,,,	5/
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP			(132
Direction Line	1		5. , 51				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 15 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Bignature And Types Definite Name Signing Officer or Director

4-19-96 941-794-3030
Date Description Profes