SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

97 SEP -5 PM 3:41

	1991				مدر دوس	
DOCUMENT # N9500002944 (5) ·				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SUMTER SQUARE OWNERS ASSOCIATION, INC.						
				A HABIKATA BIB IPINK NAKA NAKA NAKA NAKA NAKA NAKA	HE HIGHG HALEN GNOW BLEW HODE	
	·					
Principal Place	of Business	Mailing Address		(100 110 210 101 101 101 100 110 101 101 101 101 101 101 101 101 101 101	IM 15010 1011) GIBN MIBN 1001	
{ & ;		Maria di €				
li .	10.00	5023 C.R. 12	c	DO NOT WRITE IN THIS S	PACE	
	1,R : 125 XAA, FI 34785	WIIDWOOD, F		3. Date Incorporated or Qualified 3a. Da	te of Last Report	
VV 1115 VV	2h, p. 31120	<u>.</u>	. 37702	06/16/1995	05/01/1996	
	ace of Business	2e. Mailing Address		4. FEI Number 59-3333968	Applied For	
	1: C.R. 125	26 5023 C.R./25		3973333908	Not Applicable	
Suite, Apt. (#, 81C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	3	City & State	·	6. Election Campaign Financing	\$5.00 May Be	
23 1/1/	WOOD, FI	28 WILDWOOD	F7.	Trust Fund Contribution	Added to Fees	
	Country	29 34785 30	Country	8. This corporation owes or has paid the curr		
Zip 34,785			SUMTER		Yes 🔼 No	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent	
!			81 Name		ļ	
PULLUM, MARYBETH L			62 Street	et Address (P.O. Box Number is Not Acceptable)		
1330 W CITIZENS BLVD			63	3000022891334		
SUITE 701			63	-09/10/9701		
LEESBUR	rg FL		84 City	*****61.25	第 	
14 Purpusat to the provisions of Sections 617 0502 and 617 1509. Florida Statutes, the shows named corneration submits this statement for the purpose of changing its recisions.						
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 _	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PVST	☐ DELETE	1.1 TITLE	PVST Possid P	Change	
NAME	BROWN, RONALD D		1.2 NAME	BROWN, Ronald D 5023 CR 125		
STREET ADDRESS	7928 S HWY 441		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	LEESBURG FL 34748	☐ DELETÉ	1.4 CITY+ST-ZIP 2.1 TITLE	WILDWOOD FL 34785	☐ Change ☐ Addition	
NAME	d Brown, ronald d		2.1 IIILE 2.2 NAME	Brown, Ronald P.	☐ custings ☐ Yequition	
STREET ADDRESS	7928 S HWY 441		2.2 (0.1.1.2	5023 C.R. 125		
CITY-ST-ZIP	LEESBURG FL 34748		2. 4 CITY-ST-ZIP	WILD WOOD, FT 34785		
TITLE	D	L 3 DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	ROBERTS, DAWN	•	3.2 NAME		. –	
STREET ADDRESS	7928 S HWY 441		3.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		3.4. CITY-ST-ZIP			
TŲLE	D	DELETE	4.1 TITLE		Change Addition	
NAME	FOX, GREGORY E		4. 2 NAME			
STREET ADDRESS	7928 S HWY 441		4.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	1 /1./11/12)	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	a. alan	✓ Change Addition	
TITLE		→ varit	6.1 TITLE	1 41519	Taling Manipul	
NAME CORET ADDOCCO			6.2 NAME	1 1/2//	7	
STREET ADDRESS			6.3 STREET ADDRESS	'		

14. I do 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.

CIGNATURE REQUIRE