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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004944 (3)**

1. Corporation Name

**BANNER LAKE-GOMEZ COMMUNITY DEVELOPMENT CORPORAT
ION**

Principal Place of Business

Mailing Address

11212 LANTANA ST
HOBE SOUND FL 33455
US

BOX 1229
HOBE SOUND FL 33475
US



3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0625535

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELY, MARY
8575 S.E. MARS STREET
HOBE SOUND FL 33475

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mary Lovely

4/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	
NAME	LOVELY, MARY	1.2 NAME	
STREET ADDRESS	8575 S.E. MARS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MILLER, ALFRED	2.2 NAME	
STREET ADDRESS	8429 CITRUS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	HUDSON, CATHERINE	3.2 NAME	
STREET ADDRESS	12274 S.E. FLORIDA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MILLER, GAYLE	4.2 NAME	
STREET ADDRESS	8429 CITRUS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	DICKESON, DAISY	5.2 NAME	
STREET ADDRESS	9092 SANDRIDGE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HURST, M.L.	6.2 NAME	
STREET ADDRESS	12173 S.E. FLORIDA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	

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: *Mary Lovely (Mary Lovely)*

4/15/98

CP2E037 (10/97)