

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

page 1 of 2

DOCUMENT # N95000005903 (8)

1. Corporation Name

LABELLE WOODS CMVC ASSOCIATION, INC.



Principal Place of Business

620 SOUTH MAIN STREET
LABELLE FL 33935

Mailing Address

620 SOUTH MAIN STREET
LABELLE FL 33935

3. Date Incorporated or Qualified
12/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, KEVIN
620 SOUTH MAIN STREET
LABELLE FL 33935

81 Name

GERALDINE KOLLAR

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

PO Box 211 - 7555 Shilling Rd

83 City

W. Salem OH 44287

84 State

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

GERALDINE KOLLAR

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD ☐ DELETE
NAME THOMPSON, KEVIN
STREET ADDRESS 620 SOUTH MAIN STREET
CITY-ST-ZIP LABELLE FL 33935

1.1 TITLE V/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME KOLLAR, GERALDINE
STREET ADDRESS POST OFFICE BOX 211
CITY-ST-ZIP W. SALEM OH 44287

2.1 TITLE V/T/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS P.O. Box 211, 7555 SHILLING RD.
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCHREIBER, JIM
STREET ADDRESS 11159 RED HIGHWAY LOT 91, BOX 4
CITY-ST-ZIP BRIDGMAN MI 49106

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11159 RED ARROW HWY., BOX E-4
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LACOMB, HELEN
STREET ADDRESS 8981 GEORGE AVENUE
CITY-ST-ZIP BERRIEN SPRINGS MI 49103

4.1 TITLE S/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCHAUER, CAROL
STREET ADDRESS 8132 E. WI-ACRES DRIVE
CITY-ST-ZIP MADISON IN 47250

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 8132 E. HI-ACRES DR.
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SAVAGE, RAY
STREET ADDRESS POST OFFICE BOX 35
CITY-ST-ZIP DOLKTON NC 28135

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS P.O. Box 538, - 2795 E. 28th RD.
6.4 CITY-ST-ZIP SENECA, IL 61360

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 199.07(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 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:

GERALDINE KOLLAR

GERALDINE KOLLAR

3/13/96

944/475-3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

14-3-96

N 95 000005903

2 8 2

PLEASE ADD THE FOLLOWING TO BLOCK 13

TITLE, D
NAME, SAWVEL, MILO
ST. ADDRESS, 16 ZIRCON DR.
CITY, NAPLES, FL. 33961

TITLE, D
NAME, GEARY, NANCY
ST. ADDRESS, 6503 SKYBLUE AVE.
CITY, LOUISVILLE, KY. 40258

TITLE, D
NAME, BARTZ, HARRY
ST. ADDRESS, BOX 365, 7392 RT. 53
CITY, N. PRATTSBURG, NY. 14873