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NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000000099 (9) DOCUMENT

FILED Feb 04 1998 8:00am Secretary of State

| HHAC | CONMUNITY MUMES, INC. | | | | | | | |
|---|---|---|---------------------------------------|-----------------------|--|--|------------|--|
| Principal Plac | e of Business | Mailing Address | | | | T HOUSENERY RANK LIBITED DELECT DERICH BERLIN ABBITE DOUGH BOALES BOALES BOALES BOALES ABOUT BOALES FOR IN | El | |
| 3060 PEACHTF 1150 ATLANTA GA (| | 3080 PEACHTREE RD. 1150 ATLANTA GA 30305 | | | 3. Date Incorporated or Qualified 01/02/1996 | | | |
| MILITA ON C | Sold | AILMIN ON SOCOS | | | | 4. FEI Number Applied Fo | r | |
| | | | | | | 58-2287349 Not Applica | able | |
| | Place of Business | 2a. Mailing Address | | | | 5. Certificate of Status Desired S8.75 Additional | ,1 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | Fee Reguired 6. Election Campaign Financing \$5.00 May Be | | |
| 22 | | 27 | | | | Trust Fund Contribution Added to Fees | | |
| City & Stat | ie . | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | |
| 23 | | 28 | | | | Yes No | | |
| Zip | Country | Zip | _ , · _ | | • | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | |
| 24 | 9. Name and Address of Current | 29 t Registered Agent | | | | Personal Property Tax due Jurie 30. Yes No 10. Name and Address of New Registered Agent | | |
| | 3. 110110 0110 011011 | t riogiosis a rigoria | | 81 | Name | ELECTRICAL STATE OF THE STATE O | \dashv | |
| C T CORPORATION SYSTEM | | | | 82 | Ctroot Addr | roce (B.O. Pay Number is Not Acceptable) | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | ĺ | |
| PLANTATION FL 33324 | | | | 83 | | | \Box | |
| | | | | 84 | City | 85 Zip Code | \dashv | |
| | | | | | • | FL | | |
| office or r agent. I a | to the provisions of Sections 617.0502 eg-stered agent, or both, in the State im familiar with, and accept the obliga | 2 and 617.1508, Florida Statu of Florida. Such change was itions of, Section 617.0503, Fl | tes, the a authorize lorida Sta | d by tutes | -named corp the corporat : | poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registere | red | |
| SIGNATURE | | And the second second | - b | -1.0 | | red when reinstating) DATE | _ | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. CFFICERS AND DIRECTORS | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ······ į́ | |
| TITLE | D | DELETE 1.1 TI | | TŁE | | ☐ Change ☐ Add | ition | |
| NAME | COATS, BRYANT G | | | 1,2 NAME | | | 1 | |
| STREET ADDRESS | RESS 3060 PEACHTREE RD NW SUITE 1150 | | | TREET | ADDRESS | | \ <u>{</u> | |
| CITY-ST-ZIP | ATLANTA GA 30305 | | 1.4 CITY- | | T-ZIP | | { | |
| TITLE | | | | TLE | | Change Add | tion | |
| NAME | OAKES, HOWARD | | | 2.2 NAME | | | - | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | ļ | |
| CiTY-ST-ZIP | ATLANTA GA 30319 | DELETE | | 4 CITY - ST - ZIP | | _ Change _ Add | ition | |
| TITLE NAME | | | | 3,1 TITLE 3,2 NAME | | □ Ollarige □ Auc | 13011 | |
| STREET ADDRESS | COATS, ROBERT B JR 311 DAWNBROOK DR | | | 3.3 STREET ADDRESS | | | - } | |
| CITY-ST-ZIP | FLT ROCK NC 28731 | | | | i | | | |
| TITLE | DELETE DELETE | | | 3.4. CITY-ST-ZIP | | Change Add | ition | |
| NAME | | | | AME | İ | | | |
| STREET ADDRESS | 224 QUAIL LN LAKE MARTIN | | | 4.3 STREET ADDRESS | | | 1 | |
| CITY-ST-ZIP | DADEVILLE FL 36853 | | 4.4 CI | TY-S | T-ZIP | | | |
| TITLE | D DELETE 5: | | | TLE | | ☐ Change ☐ Add | tion | |
| NAME | BRADEEN, CHET H | | 5.2 N/ | AME | | | | |
| STREET ADDRESS | 79 HIGH ST ETON | | 5.3 S | REET | ADDRESS | | | |
| CITY-ST-ZIP | WINDSOR BERKSHIRE SL46AI | | | TY-\$1 | r-zip | | <u></u> | |
| TITLE ' | D | ∐ DELETE | 6.1 TI | | | Li Change Li Addi | nou | |
| NAME | NORTHCUTT, CHARLES W III | | 6.2 N | | | | - 1 | |
| STREET ADDRESS | 305 NE ST | | | | ADDRESS | | | |
| CITY-ST-ZIP | DOTHAN AL 36302 | h this filiag does not qualify f | 6,4 Cl or the exe | IY-SI | ion stated in | Section 119.07(3)(i). Florida Statutes. I further certify that the Informati | on | |
| indicated officer or | on this annual report or supplemental director of the corporation or the recei | annual report is true and according or trustee empore of the | curate and execute t | i tha | t my signatur eport as requ | Section 119.07(3)(i), Florida Statutes. I further certify that the Informative shall have the same legal effect as if made under oath; that I am are lived by Chapter 617, Florida Statutes; and that my name and the same le | · | |

ESTOBLYANT Louts //12/98 364 2400 SIGNATURE: