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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Sandra B. Mortham

1998		DHI			Secretary of State DIVISION OF CORPORATIONS		Secre	etary of S	State
	MENT on Name A MARIS	# N9600 HOMEOWNERS' A		2573 (1) ATION, INC.)		1 HENNAI DIE JOUE DANN ATHU	1841 1881) 8488 1488 1488 1488	1 344 1 WF 441
Principal Place of Business Mailing Address									
4500 EXECUTIVE DR. SUITE 800 NAPLES FL 34119 US		Gulf Coart Management Bervices							
		10060 Amberwood Road, Suite 3 Fort Myers, Fl 33913					3. Date Incorporated or Qualified 05/14/1996 4. FEI Number (3 - 0 806 798 Applied For Not Applicable		
2. Principal F	Place of Busin	ess		Mailing Address	1 1	(A) 15	Certificate of Status Desired	□ \$8.75	Additional
H			26	10060 Ar	1 600 wood	100g		Fee R	tequired
Suite, Apt	. #, OTC.		27	uite, Apt. #, etc.#	•	1 / 6.	 Election Campaign Financing Trust Fund Contribution 	, , , , , , ,	
City & Sta	te			tity & State	· · · · · · · · · · · · · · · · · · ·	7	Is this nonprofit corporation	Added t	
13 28 FT. Myers					rs. FZ.	'.	is this horiprofit corporation (Yes No	771
Zip		Country		ip	Country	В.	This corporation owes or has	s paid the current year In	itangible
4		25	29	39793	30 15		Personal Property Tax due J		No.
	9. Name	and Address of Curren	t Register	red Agent	81 Nam	I	Name and Address of New	/ Registered Agent	
4500 EXECUTIVE DRIVE STE #300 NAPLES FL 31119 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nail						Population Robinstance (Formal Population Robinstance (Formal Robi	O Box Number is Not Accept The Coart Me To Amberwood The Myens	magement self and # 3 FL 85 Zip 3	Code 13
office or agent. I s	registered ag am familiar wi	ont, or both, in the State h, and accept the obligation of the obl	of Florida. itions of, S	Such change was Section 617.0503, FI	authorized by the coorida Statutes. E. Registered Apent signation	orporation's t	board of directors. I hereby ac	coept the appointment as	registered
12.	7	OFFICERS AND	DIRECTO		13.		ADDITIONS/CHANGES TO OF		
TITLE	PD	ION DIOLNO		☐ DELETE	1.1 TITLE			L. Change	Addition
NAME		ON, RICHARD	00		1.2 NAME				
STREET ADDRESS		ECUTIVE DR., STE. 3 FL 34119	00		1.3 STREET ADDRESS	s			
CITY-ST-ZIP TITLE	D	FL 04118		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	70,0	1110	17	Addition
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STREET ADDRESS					E Z.Z NAME	-1 YA \mathcal{L} II	J Casou	Change	
CITY-ST-ZIP	I SOUTH EA	ecutive dr., ste. 3	00			KALI	N COLSON D GXBCUTIVE D	7	
		ECUTIVE DR., STE. 3 FL 34119	00		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	KALI USOC NA	N COLSON D GROCUTIVE D PUES PL 34	7	
TITLE	NAPLES VSTD	FL 34119	00	DELETE	2.3 STREET ADDRESS	KAZII USOC WA	N COLSON D EXECUTIVE D PUBS PL 34	7	
TITLE NAME	NAPLES VSTD HARDY,	FL 34119 ROBERT S	00	☐ DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	KAZII USOC WA	D COUSON D GROCUTURE D PUBS PL 34	XWE, STE 3 119	00
NAME	NAPLES VSTD HARDY, 6289 BU	FL 34119 ROBERT S RNHAM RD.	00	DELETE	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 TITLE	WA.	D COUSON D EXECUTIVE D PUES PL 34	XWE, STE 3 119	00
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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 affactment with an address.

SIGNATURE: //M/MARCH ROBETT SHARDY WILF PRES 3/5/98/94/1597-900