FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002848 (7)

LINDEN AREA WATCH INC

FILED Apr 23 1998 8:00am Secretary of State

| | M AILA WATOH MO | | | | |
|---|--|--|---|---|--|
| Principal Plac | ce of Business | Mailing Address | | | |
| 13061 UNITY 1 SPRING HILL | | 13061 UNITY STREET SPRING HILL FL 34609 | | 3. Date Incorporated or Qualified 05/22/1996 4. FEI Number Applied For | |
| | | | | 4. FEI Number Applied For S9-3381488 Not Applicab | |
| | Place of Business | 2a. Mailing Address | | ► 60 7E | |
| 21 /3062 UNITY STREET Suite, Apt #, etc. | | 28 1306× UNIT | 4 STREET | 5. Certificate of Status Desired Fee Required | |
| Suite, Apr #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be | |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 SPRING HILL FL | | 28 SPRING 1916 34609 | | Yes No | |
| Zip Country | | Zip | Country | 8. This corporation owes or has paid the current year Intangible | |
| 24 34609 | 20 -1-2 | 29 34609 3 | 0 U.S. | Personal Property Tax due June 30. Yes 🔀 No | |
| | 9. Name and Address of Curi | rent Registered Agent | 81 Name | 10. Name and Address of New Registered Agent | |
| 2017414 | ATTILLI DETER | | IN SCHWARTZMAN Aress (P.O. Box Number is Not Acceptable) | | |
| SCHWARTZMAN, PETER | | | | | |
| -12949 EVERADO DR | | | 83 | O GUERARD DRIVE | |
| SPANO | FILL FL 34009 | | | | |
|] | | | 84 City | NG HILL E 24609 FL 85 Zip Code 34609 | |
| 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 c | | | | | |
| 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 registeres | agent and title if applicable (NOTE: F | tegistered Agent signature requi | ired when reinstating) DATE | |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Additio | |
| NAME | DALCAMO, PETER | | 1.2 NAME | | |
| STREET ADDRESS | 13061 UNITY STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition | |
| NAME | GARCIA, JOHANNA | | 2.2 NAME | | |
| STREET ADDRESS | 13176 ROSEANNA DR | | 2.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | DELETE | 2.4 CITY-ST-ZIP | | |
| TITLE | ST SCHMADTZMAN DETER | □ otreit | 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME CYDEET ADDRESS | SCHWARTZMAN, PETER 12430 EVERARD DR | | 3.2 NAME | | |
| STREET ADDRESS | SPRING HILL FL 34609 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | D | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | ☐ Change ☐ Addition | |
| NAME | MCKENINA, FRED | | 4.2 NAME | Cuante 1 vocation | |
| STREET ADDRESS | 13210 JESSICA DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-SI-7IP | SPRING HILL FL 34609 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | Change Addition | |
| NAME | SZIBER, JOHN | _ | 5.2 NAME | | |
| STREET ADDRESS | 398 SILAS CT | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | | 5.4 City-St-Zip | | |
| TITLE | D | DELETE | 6.1 TITLE | ☐ Change ☐ Addition | |
| NAME | JONES, ARTHUR | _ | 6.2 NAME | | |
| STREET ADDRESS | 12445 EVERARD DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | į | 6.4 CITY-ST-ZIP | | |

1. 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

Harris Vancea VICE 1000 4-15 00 136 MILLEN