

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002964 (2)**

1. Corporation Name

BROTHER'S WELCOME HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business ROUTE 18, BOX 634 25 CESSNA BOULEVARD LAKE CITY FL 32025	Mailing Address ROUTE 18, BOX 634 25 CESSNA BOULEVARD LAKE CITY FL 32025
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3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

59-2796335

Applied For

Not Applicable

2. Principal Place of Business

21 Route 18 Box 634-13

Suite, Apt. #, etc.

22

City & State

23 Lake City, Fl.

Zip

24 32025

Country

25 Columbia

2a. Mailing Address

26 Route 18 Box 634-13

Suite, Apt. #, etc.

27

City & State

28 Lake City, Fl.

Zip

29 32025

Country

30 Columbia

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TWING, PAUL
ROUTE 18, BOX 634
25 CESSNA BOULEVARD
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

81 Name	Eileen D. Wright
82 Street Address (P.O. Box Number is Not Acceptable)	Rt. 18 Box 630
83	24 Cessna Blvd.
84 City	Lake City
85 Zip Code	FL 32025

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 **Eileen D. Wright** **Eileen D. Wright, Treas.** **1-1-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	TWING, PAUL
STREET ADDRESS	ROUTE 18, BOX 634, 25 CESSNA BLVD.
CITY-ST-ZIP	LAKE CITY FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	UMCVL, MHATIE
STREET ADDRESS	RT 18, BOX 600 BROTHERS RD
CITY-ST-ZIP	LAKE CITY FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, BOB
STREET ADDRESS	RT. 15, BOX 629, CANNON RD
CITY-ST-ZIP	LAKE CITY FL
TITLE	<input type="checkbox"/> DELETE

STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eileen D. Wright
1.3 STREET ADDRESS	Rt. 18 Box 630; 24 Cessna Bl.
1.4 CITY-ST-ZIP	Lake City, Fl. 32025
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shirley McManus
2.3 STREET ADDRESS	Rt. 18 Box 634-5; 22 Cessna Bl.
2.4 CITY-ST-ZIP	Lake City, Fl. 32025
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Rodriguez
3.3 STREET ADDRESS	Rt. 18 Box 634; 25 Cessna Bl.
3.4 CITY-ST-ZIP	Lake City, Fl. 32025
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Eileen D. Wright** **1-23-98 (904) 258-5931**

CR2E037 (10/97)