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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 01, 1999 8:00 am secretary of State

04-01-1999 90012 050 ****61.25

DOCUMENT # **N9600004375**

1. Corporation Name

THE SANTA CRUZ PROPERTY O	OWNERS	ASSOCIATION.	INC
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THE SANTA CRUZ PROPERTY OWNERS ASSOCIATION, INC.											
Principal Place of Business Mailing Address							_				
3575 W LAKE SUITE 108 LAKE MARY FL			3575 W LAKE MARY BLVD SUITE 108 LAKE MARY FL 32746								
2. Principal Pl	lace of Business		2a. Mailing Address	•				3. Date Incorporated or Qualifed 08/19/1996			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number			lied For
22	-		27				<u>-</u>	59-3411055			Applicable
City & State	e		City & State					5. Certifcate of Status Desired		\$8.75 A	
Zip		Country	Zip	Cou	ntry			6. Election Campaign Financing		\$5.00 N	
24	25		<u> </u>	30	_	-		Trust Fund Contribution O. Name and Address of New F	enistered .		rees
	9. Name and	Address of Current I	Registered Agent		81	Name	'	o. Italie and Address of Item	tegistered .	- goin	
	KENNETH F				82		ldress	(P.O. Box Number is Not Accepte	ible)		
	rtland st				83			<u> </u>			
SUITE 110											
ORLANDO	FL 32804				84	City			FL	85 Zip C	ode
11. Pursuant office or ragent. I a	to the provisions egistered agent, im familiar with, a	of Sections 617.0502 or both, in the State of and accept the obligation	and 617.1508, Florida Statute Florida Such change was au of, Section 617.0503, Flori	s, the a thorized ida Stat	bove i by i utes.	named cor the corporat	rporat ation's	tion submits this statement for the board of directors. I hereby accept	nurnace of	changing its r	egistered istered
SIGNATURE	<u> </u>		/ Jula	<u> </u>	Acont	t signature requi	ilead who	en reinstating)	DATE		 [
12.	Signature, typed or pr	inted name of registered agent a OFFICERS AND		13.	Agent	r signature requi	10 GG 1911	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	DPVS	OF TOERS AND	☐ DELETE	1.1 TI	πE				•••	Change	☐ Addition
NAME		WILLIAM	_	1.2 N	ME						
STREET ADDRESS	THE STATE AND STATE OF STATE AND			1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE MARY		. 100	1,4 CI	TY-ST	r-ZIP					
TITLE	D		☐ DELETE	2.1 TI	2.1 TITLE					☐ Change	☐ Addition
NAME	DENNISON.	GREGORY D		2.2 N	ME.						
STREET ADDRESS				2.3 S	REET	ADDRESS					
CITY-ST-ZIP	DELAND FL			2.40	πy-s	T-ZIP					
TITLE	D		☐ DELETE	3.1 TI	TLE				~	Change	☐ Addition
NAME	CLARK, MAR	IA		3.2 N	AME						1
STREET ADDRESS		E MARY BLVD SUITE	108	3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	LAKE MARY	FL 32746		3.4. 0	ITY-S	T-ZIP					
TITLE	T		☐ DELETE	4.1 TI	ΠE			• •		☐ Change	Addition
NAME	HARKINS, C.			4.2 N							
STREET ADDRESS	1	e mary blvd suite	108	4.3 S	REET	FADDRESS					
CITY-ST-ZIP	LAKE MARY	FL 32746		4.4 C	TY-\$1	T-ZIP					

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, with all other like empowered. CITY-ST-ZIP.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Addition

Addition

Change

Change