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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra D. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N96000004409 (6)

### Principal Place of Business ##################################	·	STA COMMUNITY PHESER	IVATION ASSOCIATION	I, INC					
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AUGUSTE, GAIL 282 TEQUESTA CIRCLE TEUCESTA FL 33469 41 City FL 95 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are misliar with, and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE SIGNATURE Signature, typed or private news or registered agent agents in the corporation's board of directors. I hereby accept the appointment as registered agent, are misliar with, and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE Signature, typed or private news of registered agent agents in the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statutes. SIGNATURE Signature, typed or private news or registered agent, or both, in the statement for the purpose of changing its registered agent, and the registered agent, or both in the statement for the purpose of changing its registered agent, and the registered agent, and the appointment as registered agent, and the appointment as registered agent, and accept the appointment as registered age	Zip	Country			ntry				
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14. Thereby certify that the information supplied with this filling 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.

561-746-3981

FILED

Apr 28 1998 8:00am

Secretary of State