

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1997.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVAL  
AND  
FILED

98 NOV 10 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b>
		Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # N96000005845 (0)

1. Corporation Name

THE HOMETOWN NEIGHBORHOODS INSTITUTE, INC.

Principal Place of Business

Mailing Address

701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

APPLIED FOR 65-0871064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
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

10. Name and Address of New Registered Agent

PETREY, RODERICK N  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME EMBRY, JOEL  
STREET ADDRESS FIVE SOUTH 3RD STREET  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ DELETE

NAME PETREY, RODERICK M  
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME GLASS, W. REEDER  
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

PETREY, RODERICK M. "N" not "M"

☐ Change

☐ Addition

300002689933-3  
-11/18/98-01002-005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *Roderick N. Petrey*

The Hometown Neighborhoods Institute, Inc.

Signature and typed or printed name of signing officer or director

Roderick N. Petrey, Director

9/30/98

(305) 789-7722

Date

Daytime Phone #

000642

CR2E037 (5/98)