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 # N96000006109 (0)

MINNEHAHA COVE RESIDENTS' ASSOCIATION, INC.

| | | | | | | | 166 | | |
|---------------------------------------|--------------------------|---------------------------|---|--|-----------------|--|-----------------------------------|--|--|
| Prin | ncipal Place of Busines | s | Mailing Address | | | - | | | |
| 580 GEORGE AVENUE EAST | | | 580 GEORGE AVENUE EAST MAITLAND FL 32751 | | | 3. Date Incorporated or Qualified | | | |
| MAITLAND FL 32751 | | | | | | 11/25/1996 | | | |
| | | | | | | 4. FEI Number | Applied For | | |
| | | | | | | NOT APPLICABLE | Not Applicable | | |
| 2. 21 | Principal Place of Busin | ness | 2a. Mailing Address 26 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 22 | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| 23 | City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 24 | ZIp | Country 25 | Zip 29 | 30 Cou | ntry | 8. This corporation owes or has paid the curr Personal Property Tax due June 30. | ent year Intangible Yes 🔲 No | | |
| | 9. Name | and Address of Current | Registered Agent | 10. Name and Address of New Registered Agent | | | | | |
| | | | | _ \ | 81 Name | wood, Edward O. | | | |
| 221 MINNEHAHA ROAD CONCURGE OF COLUMN | | | | | 82 Street Add | Street Address (P.O. Box Number is Not Acceptable) 580 (500490 East | | | |
| | | | | | 83 | | | | |
| | | | | | 84 City | withand, PL FL | 85 Zip Code / | | |
| 11. | Pursuant to the provis | ions of Sections 617,0502 | and 617,1508, Florida Sta | itutes, the al | pove-named corr | poration 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 lide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO O | | | | | | | | |
| TITLE | CD X DE | LETE | 1.1 TITLE | CD | Change | ☐ Addition | | | | | | |
| NAME | DEWAHL, LAEL | | 1.2 NAME | Dana Wood | San Earl | | | | | | | |
| STREET ADDRESS | 221 MINNEHAHA ROAD | | 1.3 STREET ADDRESS | Dana Wood 580 George aw | chuic bast | | | | | | | |
| CITY - ST - ZIP | MAITLAND FL 32751 | | 1,4 CITY-ST-ZIP | NaiHand, FC3 | 375 / | | | | | | | |
| TITLE | VCD DE | LETE | 2.1 TITLE | VCD A. | Change | Addition | | | | | | |
| NAME | JOHNSON, TRACY Γ | | 2.2 NAME | Griggs, PATTY n | d ' | | | | | | | |
| STREET ADDRESS | 520 E. GEORGE AVENUE | | 2.3 STREET ADDRESS | 700 Main daga - 1 | | | | | | | | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 2. 4 CITY - ST - ZIP | Maitland FC 3 | 12751 | | | | | | | |
| TITLE | TD DEL | LETE | 3.1 TITLE | TD. Tol. | XI Change | Addition | | | | | | |
| NAME | JOHNSON, DAVE | | 3.2 NAME | mohring, Diedr | ch. | | | | | | | |
| STREET ADDRESS | 520 E. GEORGE AVENUE | | 3.3 STREET ADDRESS | 608 minnehable L | ere . | | | | | | | |
| CITY-ST-ZIP_ | MAITLAND FL 32751 | | 3.4. CITY-ST-ZIP | mohring, Diedr 608 milnehaha Li Mai Hand, FC 3 | 2951 <u> </u> | | | | | | | |
| TITLE | □ DEI | LETE | 4.1 TITLE | | Change | Addition Addition | | | | | | |
| NAME | | | 4, 2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | | | | | | |
| TITLE | □ DE | LETE | 5.1 TITLE | | Change | Addition | | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | L. DEI | LETE | 6.1 TITLE | | Change | Addition | | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | | | | | | |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

FILED

Feb 03 1998 8:00am

Secretary of State