

FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|--|

DOCUMENT # N96000006109

1. Corporation Name

MINNEHAHA COVE RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

**580 GEORGE AVENUE EAST
MAITLAND FL 32751**

Mailing Address

**580 GEORGE AVENUE EAST
MAITLAND FL 32751**



2. Principal Place of Business

21 **440 Minnehaha Rd.**

Suite, Apt. #, etc.

22 City & State

23 **Maitland, FL**

Zip

24 **32751**

Country

25 **Orange**

2a. Mailing Address

26 **440 Minnehaha Rd.**

Suite, Apt. #, etc.

27 City & State

28 **Maitland, FL**

Zip

29 **32751**

Country

30 **Orange**

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WOOD, EDWARD O
580 GEORGE AVE, WEST
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **Griggs, Patty**

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

440 Minnehaha Road

83 **Maitland, FL**

84 City

FL

85 Zip Code
32751

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 **Patty Griggs**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-99

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | CD | <input checked="" type="checkbox"/> DELETE |
| NAME | WOOD, DANA | |
| STREET ADDRESS | 580 GEORGE AVE, EAST | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |

| | | |
|----------------|--------------------------|--|
| TITLE | VCD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRIGGS, PATTY | |
| STREET ADDRESS | 440 MINNEHATA RD | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MOHRING, DIEDRICH | |
| STREET ADDRESS | 608 MINNEHAHA LANE | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| 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 | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Griggs, Patty | |
| 1.3 STREET ADDRESS | 440 Minnehaha Road | |
| 1.4 CITY-ST-ZIP | Maitland, FL 32751 | |

| | | |
|--------------------|---------------------------|--|
| 2.1 TITLE | VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | meysers, Barbara | |
| 2.3 STREET ADDRESS | 540 Minnehaha Road | |
| 2.4 CITY-ST-ZIP | Maitland, FL 32751 | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 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, with all other like empowered.

SIGNATURE: **Patty Griggs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

DATE

647-4711 (407)

Daytime Phone #

CR2E037 (1/98)