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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001075 (7)
1. Corporation Name

HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTRY CLUB, INC.

Principal Place of Business: 2692 NE Hwy 70, Lot 1 Arcadia, FL 34266
Mailing Address: 2692 NE Hwy 70, Lot 1 Arcadia, FL 34266

3. Date Incorporated or Qualified: ~~03/21/1997~~ 07/21/1997
4. FEI Number: 59-3435745
Applied For: Not Applicable:

2. Principal Place of Business
21 2692 NE Hwy 70
Suite, Apt. #, etc. 22 #96
City & State 23 Arcadia, FL
Zip 24 34266 Country 25 Desoto

2a. Mailing Address
26 2692 NE Hwy 70
Suite, Apt. #, etc. 27 #96
City & State 28 Arcadia, FL
Zip 29 34266 Country 30 Desoto

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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
Ron Loflin
2692 NE Hwy 70, Lot 1
Arcadia, FL 34266

10. Name and Address of New Registered Agent
81 Name: Ron Loflin
82 Street Address (P.O. Box Number is Not Acceptable): 2692 NE Hwy 70 Lot 1
83 City: Arcadia, FL 85 Zip Code: 34266

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: Wilma P. Frey, Ron Loflin
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)
DATE: Apr. 6, 1998

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Ron Loflin	
STREET ADDRESS	2692 NE Hwy 70, Lot 1	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gene Amacher	
STREET ADDRESS	2692 NE Hwy 70, Lot 56	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ed Zipper	
STREET ADDRESS	2692 NE Hwy 70, Lot 69	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Wilma Frey	
STREET ADDRESS	2692 NE Hwy 70, Lot 96	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Helmut Arndt	
STREET ADDRESS	2692 NE Hwy 70, Lot 132	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Richard Douglass	
STREET ADDRESS	2692 NE Hwy 70, Lot 570	
CITY-ST-ZIP	Arcadia, FL 34266	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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"/> Addition
5.2 NAME	600002484008
5.3 STREET ADDRESS	-04/10/98--01008--008
5.4 CITY-ST-ZIP	***61.25
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.

SIGNATURE: Wilma P. Frey, Treas. Mar. 23/98 941-993-0875

CR2E037 (10/97)

PE 4.9