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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001075

1. Corporation Name

HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTRY CLUB, INC.

Principal Place of Business

2692 NE HWY 70 #96 ARCADIA FL 34266

Mailing Address

2692 NE HWY 70 #96 ARCADIA FL 34266



2. Principal Place of Business

21 2692 N.E. HWY 70

Suite, Apt. #, etc.

22 LOT 726

City & State

23 ARCADIA, FLORIDA

Zip

24 34266

Country

25 DESOTO

2a. Mailing Address

26 2692 N.E. HWY 70

Suite, Apt. #, etc.

27 LOT 726

City & State

28 ARCADIA, FLORIDA

Zip

29 34266

Country

30 DESOTO

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

59-3435745

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

LOFLIN, RON
 2692 NE HWY 70
 LOT 1
 ARCADIA FL 34266

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	LOFLIN, RON	
STREET ADDRESS	2692 N.E. HIGHWAY 70, LOT 1	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMACHER, GENE	
STREET ADDRESS	2692 N.E. HIGHWAY 70, LOT 56	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIPPER, ED	
STREET ADDRESS	2692 N.E. HIGHWAY 70, LOT 69	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREY, WILMA	
STREET ADDRESS	2692 N.E. HIGHWAY 70, LOT 96	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNDT, HELMUT	
STREET ADDRESS	2692 N.E. HIGHWAY 70, LOT 132	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, RICHARD	
STREET ADDRESS	2692 N.E. HIGHWAY 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 checked="" type="checkbox"/> Addition
4.2 NAME	D CLAUDE R. WODE JR.
4.3 STREET ADDRESS	2692 N.E. HWY 70 LOT 726
4.4 CITY-ST-ZIP	ARCADIA, FLORIDA 34266
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 checked="" type="checkbox"/> Addition
6.2 NAME	P ELLEN DAVIS
6.3 STREET ADDRESS	2692 N.E. HWY 70 LOT 111
6.4 CITY-ST-ZIP	ARCADIA, FLORIDA 34266

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: Claude R. Wode Jr. REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 941-993-4285
 Date Daytime Phone #

CR2E037 (11/98)