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04-01-1999 90092 045 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000001650

1. Corporation Name

RADCLIFF ESTATES CRIME WATCH, INC.

Principal Place of Business

8750 BERMUDA LN
PORT RICHEY FL 34668
US

Mailing Address

8750 BERMUDA LN
PORT RICHEY FL 34668
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

59-3448136

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

ERWIN, BILL
8750 BERMUDA LN
PORT RICHEY FL 34668

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 ☐ DELETE
NAME ROWDEN, ORVILLE
STREET ADDRESS 8722 ANDROS LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VP ☐ DELETE
NAME BOLANDER, MAX
STREET ADDRESS 8753 MARTINIQUE LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE S ☒ DELETE
NAME STANKER, LINDA
STREET ADDRESS 8810 ANOS LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T ☐ DELETE
NAME COLLURA, VICENT
STREET ADDRESS 8723 BERMUDA LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ DELETE
NAME GONZALEZ, DAVID
STREET ADDRESS 8752 ANDROS LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ DELETE
NAME BOLANDER, GINA
STREET ADDRESS 8753 MARTINIQUE LN
CITY-ST-ZIP PORT RICHEY FL 34668

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S. GINA SCUDIERI
3.3 STREET ADDRESS 8814 AUBA LN.
3.4 CITY-ST-ZIP PORT RICHEY, FL. 34668

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DSALLY GONZALEZ
5.3 STREET ADDRESS 8752 ANDROS LN.
5.4 CITY-ST-ZIP PORT RICHEY, FL. 34668

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME B BOB BREHM
6.3 STREET ADDRESS 7845 EXUMA
6.4 CITY-ST-ZIP PORT RICHEY, FL. 34668

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:

SIGNATURE REQUIRED

3/29/99 727-845-7466