1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700001789

OMAHA GARDENS CONDOMINIUM, INCORPORATED

Principal|Place of Business 8376 OMHA CIRCLE SPRING HILL FL 34608 US

2. Principal Place of Business

Mailing Address

5000 CUMBERLAND LANE SPRING HILL FL 33607

2a. Mailing Address

3. Date Incorporated or Qualifed

FILED

03-24-1999 90031 018 ****61.25

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Suite, Apt.	#, etc.	1 -	Suite, Apt.	#, etc.				4. FEIN				App	lied For
22		27	Sparing	hill				01-9	<u> 9307416</u>			Not	Applicable
City & Stat	е	28	City & Stat	te	-			5. Certif	fcate of Status	Desired		\$8.75 A Fee Red	
Zip !	Country	1-0,	Zip			untŗy		6. Electi	ion Campaign	Financing		\$5.00	May Be
24	25	29	344	007	30 3	Yu	marka		Fund Contrib	_		Added to	
<u>1</u>	9. Name and Address of Current I	Regis	stered Agen	nt				10. Nam	e and Addre	ss of New F	Registered	Agent	
					***	81	Name						
DELI MIAK	AI EDED					82	Street Addre	see (P O Re	ox Number is	Not Accepta	able)		
BELLNIAK, ALFRED 5000'CUMBERLAND LANE						62	Suber Addre	335 (F.O. D	0X 110111D01 13	140t Accopit	3510)		
						83		******	 				
SPRING HILL FL 33607							0"					85 Zip C	oda
!						84	City				FL	85 Zip C	oue
11. Pursuant	to the provisions of Sections 617.0502	and 6	617.1508, Flo	orida Stat	utes, the	above	-named corpo	oration subn	nits this state	ment for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of	f Flori	ida. Such cha	ange was	authonze	ia by i	tne corporation	n's board o	f directors. I h	ereby accer	ot the appoi	ntment as reg	istered
ageņt. I a	m familiar with, and accept the obligation	ons o	r, Section 61	7.0003, F	iorida Sta	iules.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title	e if apolicable	(NO	TE: Registere	d Agent	t signature required	when reinstatin	ig)		DATE		
12.	OFFICERS AND			,,,,,	13				IONS/CHAN	GES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PTD			DELETE	1.1	TITLE						☐ Change	☐ Addition
NAME	BELNIA ALFRED				1.21	VAME							
STREET ADDRESS	5000 CUMBERLAND LANE				1.3 :	STREET	ADDRESS						
CITY-ST-ZIP	SPRING HILL FL 33607					CITY-ST							
TITLE	SD			DELETE	_	TITLE						Change	Addition
NAME	BELNIA MARLENE				2.21	VAME							
STREET ADDRESS	5000 CUMBERLAND LANE				2.3	STREET	ADDRESS						
CITY-ST-ZIP	SPRING HILL FL 33607					CITY-S							
TITLE ;	D			DELETE		ITILE						Change	Addition
NAME	BELNIAM, DAVID A				3.21	VAME	ĺ	•					
STREET ADDRESS	5000 CUMBERLAND LANE				1		ADDRESS						
CITY-ST-ZIP	SPRING HILL FL 33607				1	CITY-S							
TITLE	OTTOTAL TREE TE COORT	-		DELETE		mle						Change	Addition
NAME					4.2	NAME							
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CITY-\$1-ZIP		-				CITY-ST							
TITLE				DELETE		TITLE						☐ Change	Addition
NAME					5.2	NAME							
STREET ADDRESS					5.3	STREET	ADDRESS						
CITY-ST-ZIP					5.4	CITY-ST	r-ZIP						
TITLE			· □	DELETE	6.1	TITLE	1					☐ Change	☐ Addition
NAME				•	6.2	NAME					•		
STREET ADDRESS					6.3	STREET	ADDRESS						
CITY-ST-ZIP					6.4	CITY-S1	r-ZIP						
O111701741					_		ı						

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,

SIGNATURE:

Date

Daytime Phone #

Mar 24, 1999 8:00 am § Secretary of State