

FILE NOW: FILING FEE IS \$61.25

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FILED
Jul 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **NA70000002426**
1. Corporation Name
Thomastown Estates Neighborhood Association, Inc.

Principal Place of Business Mailing Address
**5449 Chipper Lane
Pace, FL 32571**

100002588711
-07/14/98--01078--021

3. Date Incorporated or Qualified April 28, 1997	
4. FEI Number 59-3456830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 4464 Nora Ave.	26. Mailing Address NA
22. Suite, Apt. #, etc. NA	27. Suite, Apt. #, etc.
23. City & State Pace, FL	28. City & State
24. Zip 32571	25. Country
29. Zip 32571	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Vikki Hotopp
5449 Chipper Lane
Pace FL 32571**

81. Name **Ferd Chappa**
82. Street Address (P.O. Box Number is Not Acceptable)
4464 Nora Ave
83.
84. City **Pace** 85. Zip Code **FL 32571**

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 **PRES. FERD CHAPPA**

5/22/98

Signature typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE Pres	<input checked="" type="checkbox"/> DELETE
NAME Vikki Hotopp	
STREET ADDRESS 5449 Chipper Lane	
CITY-ST-ZIP Pace, FL 32571	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Ferd Chappa	
1.3 STREET ADDRESS 4464 Nora Ave	
1.4 CITY-ST-ZIP Pace, FL 32571	
2.1 TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 5521 CHIPPER LANE	
2.4 CITY-ST-ZIP PACE, FL 32571	
3.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS Alicia Snyder	
3.4 CITY-ST-ZIP 5539 CHIPPER LANE	
4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS Angela Crutch	
4.4 CITY-ST-ZIP 5425 Gwen Lane	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS Martin Campbell	
5.4 CITY-ST-ZIP 5522 CHIPPER Lane	
6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS Doug Boudreaux	
6.4 CITY-ST-ZIP 4437 Angie Lane	

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: **FERD CHAPPA**

Ferd Chappa

5/22/98

595-6329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)

5/22/98