

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 15 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002512 (8)**  
 1. Corporation Name  
**GUMBO LIMBO VILLAS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>115 NW 2ND AVENUE FT. LAUDERDALE FL 33311</b>	Mailing Address <b>115 NW 2ND AVENUE FT. LAUDERDALE FL 33311</b>
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3. Date Incorporated or Qualified <b>05/05/1997</b>		
4. FEI Number <b>59-3508668</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>636 NE 13th AVE</b>	2a. Mailing Address 26 <b>636 NE 13th AVE</b>		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State <b>Ft Lauderdale, FL</b>	28 City & State <b>Ft Lauderdale, FL</b>		
24 Zip <b>33304</b>	25 Country <b>Broward</b>	29 Zip <b>33304</b>	30 Country <b>Broward</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent  
**EDEWAARD, C. CRAIG  
 115 NW 2ND AVENUE  
 FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name <b>Janet Gray</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>634 NE 13th AVE</b>	
83	
84 City <b>Ft Lauderdale</b>	85 Zip Code <b>FL 33304</b>

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 Janet H Gray (NOTE: Registered Agent signature required when reinstating) DATE **8/25/98**

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>EDEWAARD, C. CRAIG</b>	
STREET ADDRESS <b>115 NW 2ND AVENUE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PEARSON, BROWNE</b>	
STREET ADDRESS <b>115 NW 2ND AVENUE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SLAUGHTER, J. ROBERT</b>	
STREET ADDRESS <b>115 NW 2ND AVENUE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33311</b>	
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 <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>President</b>	
1.3 STREET ADDRESS <b>mark Johnston</b>	
1.4 CITY-ST-ZIP <b>632 NE 13th AVE Ft Lauderdale, FL 33304</b>	
2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Treasurer</b>	
2.3 STREET ADDRESS <b>David Ryan</b>	
2.4 CITY-ST-ZIP <b>626 NE 13th AVE Ft Lauderdale, FL 33304</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Secretary</b>	
3.3 STREET ADDRESS <b>Andrew Powers</b>	
3.4 CITY-ST-ZIP <b>628 NE 13th Ft Lauderdale, FL 33304</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Director</b>	
4.3 STREET ADDRESS <b>Leonardo Quintero</b>	
4.4 CITY-ST-ZIP <b>630 NE 13th AVE Ft Lauderdale, FL 33304</b>	
5.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Vice President</b>	
5.3 STREET ADDRESS <b>Janet Gray</b>	
5.4 CITY-ST-ZIP <b>634 NE 13th AVE Ft Lauderdale, FL 33304</b>	
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: Janet H Gray DATE: **8/25/98** DAYTIME PHONE #: **954 938 7763**

CR2E037 (5/98)