## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 

98 OCT 30 AM II: 03

DOCUMENT # N9700003250 (4)								CUCDETABY AC CTATE	
JOHNSON/KENNETH COURT RESIDENT COUNCIL INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA	
CONTROL MARTIN COOK RECIDENT COOKS INC.									
Déscript Place of Purious									
Principal Place of Business Mailing Address									
5711 TROY CO		5711 TROY COURT BLDG I-107 TAMPA FL 33610					3. Date Incorporated or Qualified		
111111111111111111111111111111111111111		1AMPA FE 55010					06/04/1997		
						4. FEI Number Applied For			
2. Principal F	Place of Busi	2a. Mailing Address					Not Applicable  5 Cortificate of Status Decired \$8.75 Additional		
21			26					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22   City & State				City & State					Trust Fund Contribution Added to Fees
23				28					7. Is this nonprofit corporation a homeowners association?  Yes XNo
Zip	•	Country	}	- Zip		Cour	itry		8. This corporation owes or has paid the current year Intangible
24	25   29   30   9. Name and Address of Current Registered Agent								Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	of Italia	Turio Addicoo	Or Garrent 18	ogioterea Ageir	·		81	Name	10. Name and Address of New Registered Agent
SMITH.	TAMARA						22	Stroot A	Address (D.O. Day Musslanda Not Appendix)
5711 TF		82 Street			Street	Address (P.O. Box Number is Not Acceptable)			
TAMPA	FL 33610					[*	83		
						1	B4	City	85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the characteristics								FL S Lipschaft for the purpose of changing its recistored	
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: Registere							Agen	nt signature r	required when reinstalling) DATE
TITLE	1	OFFI	CERS AND D		DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change
NAME				_		1.2 NAM			PAULETTE ANDERSON
STREET ADDRESS						1.3 STR	EET A	ADDRESS	5711 TROY COURT # 1-104
CITY-ST-ZIP					1.4 CITY	1.4 CITY - ST - ZIP		TAMPA, FL. 336/0	
TITLE							VP/D Addition		
NAME CERTE ADDRESS			· •			2.2 NAME A 2.3 STREET ADDRESS 5		AUSTIN Phillips	
CITY-ST-ZIP	REET ADDRESS   TY-ST-ZIP						2.4 CITY-ST-ZIP 7		5711 TROY COURT # 1-107 TAMPA, FL. 33610
TITLE				DELETE 3.1 TITLE			-2.1	S/D Change Addition	
NAME						3.2 NAN	ŀΕ		TAMARA SMITH
STREET ADDRESS	ł					3.3 STR	EET A	VODRESS	5711 TROX COURT #1-107
CITY-ST-ZIP	<u> </u>			<del></del>	DELETE	3.4. CIT	_	-ZIP	TAMPA, FL. 33610
TITLE NAME				ا ب	REFEE	4.1 TITL 4. 2 NAM			Change Addition
STREET ADDRESS								DORESS	9000026794496
CITY-ST-ZIP						4.4 CITY		- 1	-11/03/9801082002
TITLE				1	DELETE	5.1 TITL		Lii	**************************************
NAME			•			5.2 NAM	Ε		
STREET ADDRESS						5.3 STRI	ET A	DDRESS	
CITY-ST-ZIP						5.4 CiTY		-ZIP	
TITLE				∐ [	DELETE	6.1 TITU			Change
NAME	l					6.2 NAM			17 MV 108
STREET ADDRESS						6.3 STRE		DORESS	B11/2/98
CITY-ST-ZIP						6.4 CITY	-31-	·zm 1	r / 1 1

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: