FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			Secretary of State Division of Corporations		Secretary of State	
DOCU 1. Corporation	MENT # N					
DEER ISLAND HOMEOWNERS ASSOCIATION, INC.					A AGGINGS GIR LAW STANK STANK STANK STANK	
Principal Place of Business Mailing Address					I SOUTHOU BUT SELLY LADIS ONLY DOUG DOUG BEIN	OBICA fild: Office signs birt fabl
17450 DEER ISLAND ROAD 17450 DEER ISLAND ROAD DEER ISLAND FL 32776 DEER ISLAND FL 32776					3. Date Incorporated or Qualified	
Deet to serve					06/18/1997 4. FEI Number	Applied For
						Not Applicable
2. Principal F	Place of Business 9 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Wby 26	Mailing Address	2501	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Stat		27	City & State		7. Is this nonprofit corporation a homeowr	Added to Fees
23 / 85	Escars,	た 28	WKUNOC,	R	√ Yes	□ No
24 32 7	78 25 Country	29	32802	Country 54	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Intangible
	9. Name and Address			_	10. Name and Address of New Registers	d Agent
81 Name						
WEBB, JOHN L 17450 DEER ISLAND ROAD 82 Street Address (P.					ress (P.O. Box Number is Not Acceptable)	
DEER ISLAND FL 32776						
S				84 City Ass	R TSIAIN E	85 Zig Code 7 A
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						
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 poard 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 JOHN LIESS (NOTE Registered Agent signature required when reinstating) OATE OATE						
12.	Of	FICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	PRESIDENT	1.40.	DELETE	1.1 TITLE 1,2 NAME		Change Addition
STREET ADDRESS	JOE 13. 970	griell Ann Indian	e we (b)	1.3 STREET ADDRESS		
CITY-ST-ZIP	720 N. G	CLO CEDENOE		1.4 CITY-ST-ZIP		
TITLE	Office R	32804	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY - ST-ZIP		
TITLE	LARM W	ch	DELETE	3.1 TITLE		Change Addition
NAME	8001 WIN	PINE CO	(b)	3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	ORUNDO	E 8281	G	3.3 STREET ADDRESS 3.4. City-St-Zip		1
TITLE	DODGA JU	70	DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		ì
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP	10111	ial I	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME	1312 CONN 1312 CONN CHUNGO	1950	DELETE	5.1 TITLE 5.2 NAME		CI CHOUSE CI ADDITION
STREET ADDRESS	1312 CONA	May CA	(A)	5.3 STREET ADDRESS		İ
CITY - \$7 - 2IP	CHUNDO	h 3230	<i>+</i>	5.4 City-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		ļ
STREET ADDRESS				6.3 STREET ADDRESS		

14. Thereby 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:

401-344-8885

FILED

May 05 1998 8:00am