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

. FILED					
Jan 27 1998 8:00am					
Secretary of State					

Principal Place of Business P O BOX 933 DUNEDIN FL 34697-0933 P O BOX 933 DUNEDIN FL 34697-0933 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required Suite, Apt. #, etc. 4. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State City & State 7. Is this nonprofit corporation a homeowners association? 2. Suite, Apt. #, etc. 3. Added to Fees City & State	DOCU 1. Corporatio	MENT # N9700	0004373 (3)		
Principal Flace of Seutiness DINEON FL 34697/0833 PO BOX 883 PO	1			•	
Principal Flace of Seutiness DINEON FL 34697/0833 PO BOX 883 PO					
A. Fil Number Sept 2008	Principal Plac	e of Business	Mailing Address	<u>-</u> -	
DINEDIN FL 34697-0533 DINEDIN FL 34697-0533 A Filt Name	P O BOX 933		P O BOX 933		3. Date Incorporated or Qualified
2. Principal Place of Business	DUNEDIN FL 3	84697-0933	DUNEDIN FL 34697-0933		08/01/1997
2. Principal Place of Business 28. Maling Address 56 56 56 57 58 56 56 56 56 56 56 56					4. FEI Number Applied For
Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 City & State City & State	O Drive alea I O	Vana of Division and	On Nation Addison		
Suite, Apt. F, etc.		race of Business			
Trust Fund Contribution		#, etc.			
20	22			- 	
Zip Country Zip Country State Countr		0	⊢ ¬ ′		
Second Property Tax due June 30. Yes No.		Country		Country	
WINTERS, ELISE K 600 CLEVELAND ST, SUITE 940 CLEARWATER FL 33755 83 84 City FL 85 Zip Code FL 85 Zip	24			,	
WINTERS, ELISE K		9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Agent
600 CLEVELAND ST, SUITE 940 CLEARWATER FL 33755 84 City FL 85 Zip Code T1. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent and manual registered agent and accept the obligations of, Section 617,0502 and accept the obligation of, Section 617,0502 and obligations of, Section 617,0502 and obligation				81 Name	
CLEARWATER FL 33755 83				82 Street	Address (P.O. Box Number is Not Acceptable)
Section Parameter Parame				83	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Stabutes, the above-named corporation submits this statement for the purpose of changing its 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, or the familiar with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Storida	CLEARV	VAIER PL 33/33			
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D				84 City	FL 85 Zip Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its registered
12	agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	ida Statutes.	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition Change	SIGNATURE	Standard or District annual of societies of	and little if nonlingble (NOTE)	Registered Agent ciones ra	regulard whose scientation). Party
NAME OLESON, THOMAS W STREET ADDRESS P O BOX 933 N/A DUNEDIN FL 34697-0933 IL CITY-ST-2P DUNEDIN FL 34697-0933 IL CITY-ST-2P DUNEDIN FL 34697-0933 IL CITY-ST-2P NAME STONE, GLENDA STREET ADDRESS TONE, GLENDA STREET ADDRESS TONE STREET ADDRESS STREET ADDRESS STRE	12.				
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I nereby certify triat the information supplied with rist sting does not quality for the exemption stated in Section 119.07(3)(f), 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:

815 733-7871