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Feb 23 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 # N97000005505 (9)

1. Corporation Name

L.L.B. PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

6800 PLACIDA ROAD
ENGLEWOOD FL 34224

Mailing Address

6800 PLACIDA ROAD
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0793948

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNDERSON MIKO P
1881 PLACIDA ROAD
SUITE 204
ENGLEWOOD FL 34223

ROBERT W SPADE
6800 PLACIDA Rd
Englewood FL 34224

81 Name

ROBERT W. SPADE

82 Street Address (P.O. Box Number is Not Acceptable)

6800 Placida Road

83

84 City

Englewood

FL

85 Zip Code
34224

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

Robert W. Spade
Signature, typed or printed name of registered agent and title if applicable.

Robert W. Spade, President

2-16-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME SPADE, ROBERT W
STREET ADDRESS 6800 PLACIDA ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SPADE, DAVID A
STREET ADDRESS 6800 PLACIDA ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME HARRISON, ROBERT L
STREET ADDRESS 7142 CHAMPIONS LANE
CITY-ST-ZIP WEST CHESTER OH 45069

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert W. Spade

2/1/98

941-697-8454

CR2E037 (10/97)