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Feb 03 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 # **N97000005978 (8)**

1. Corporation Name

**THE FLORIDA HOMEOWNERS LOBBY INCORPORATED**

Principal Place of Business

6224 YELLOWSTONE DRIVE  
PORT ORANGE FL 32127-6755

Mailing Address

6224 YELLOWSTONE DRIVE  
PORT ORANGE FL 32127-6755

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

59-3477242

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

22 102-316

City & State

23 Gainesville, FL

Zip

24 32606

Country

25 USA

Suite, Apt. #, etc.

26 1648 Taylor Rd

City & State

27 #385

City & State

28 DAYTONA BEACH, FL

Zip

29 32124

Country

30 USA

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?

NON-MANDATORY HHA ☒ 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

JONES, ERNA E

6224 YELLOWSTONE DRIVE

PORT ORANGE FL 32127-6755

81 Name

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

83

84 City

FL

85 Zip Code

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS ☐ Change ☒ Addition

1.4 CITY - ST - ZIP ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS ☐ Change ☒ Addition

2.4 CITY - ST - ZIP ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS ☐ Change ☒ Addition

3.4 CITY - ST - ZIP ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ☐ Change ☒ Addition

4.3 STREET ADDRESS ☐ Change ☒ Addition

4.4 CITY - ST - ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS ☐ Change ☒ Addition

5.4 CITY - ST - ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME ☐ Change ☒ Addition

6.3 STREET ADDRESS ☐ Change ☒ Addition

6.4 CITY - ST - ZIP ☐ Change ☒ Addition

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: **Thomas D. Jones** REQUIRED

January 18, 1998 904-760-365

CR2E037 (10/97)