## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 04 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

THE BARRATIOS VII AT

CIATION, INC.						
Principal Plac	e of Business	Mailing Ad	Mailing Address			r sadzīsās asa sarīt cabut marit darīt darīt barīt darīt darīt drītī prātī arāt arātā 1981
24301 WALDEN CENTER DR. SUITE 300 24301 WALDEN CENTER BONITA SPRINGS FL 34134 BONITA SPRINGS FL 341			DEN CENTER DR PRINGS FL 34134	. SUITE 300	)	3. Date Incorporated or Qualified 11/13/1997
						4. FEI Number Applied For 65-0797518 Not Applicable
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address 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 Trust Fund Contribution Added to Fees
City & Stat	9	City & State				7. Is this nonprofit corporation a homeowners association?
23		28				k⊈kYes □ No
— Zip	Country	Zip	_	Country	,	8. This corporation owes or has paid the current year Intangible
24	[25]	29]		90	<u> </u>	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	Hegistered A	gent	81		10. Name and Address of New Registered Agent
1140	00 100			81	Name	
HASTINGS, VIVIEN N				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
24301 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS FL 34134			83			
BUNITA	SPHINGS FL 34134			63		
				84	,	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute</li> </ol>					e-named co the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	•					
	Signature, typed or printed name of registered ager		e. (NOTE: I	Registered Age	int signature rec	quired when reinstating) DATE
12.	OFFICERS AND		- Colore	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD MOCOATO ALBERT E ID		☐ DELETE	1.1 TITLE		Change Addition
NAME	MOSCATO, ALBERT F JR	0.075 000		1.2 NAME		
STREET ADDRESS	24301 WALDEN CENTER DR,	SUITE 300		1.3 STREET		
CITY-ST-ZIP	BONITA SPRINGS FL 34134 VSTD		DELETE	1.4 CITY-S	T-ZIP	
TITLE	GOENAGA, ARMANDO		I DECEIE	2.1 TITLE		☐ Change ☐ Addition
NAME	24301 WALDEN CENTER DR,	CHITE AND		2.2 NAME		
STREET ADDRESS	BONITA SPRINGS FL 34134	3011E 300		2.3 STREET	1	
CITY-ST-ZIP	DOMIN OF MINOS FL 34134		DELETE	2.4 CITY-S	ST-ZIP	Channe D Addition
TITLE NAME	EBENGER, MARY B		- occur	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	24301 WALDEN CENTER DR.	SHITE 300		3.2 NAME 3.3 STREET	*UVOCCC	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	SOIL SOU		3.4. CITY-S		
TITLE	BOTTOT CHARGO I E GATOA		DELETE	4.1 TITLE	11-ZIF	☐ Change ☐ Addition
NAME		'		4.2 NAME		Crenty Addition
STREET ADDRESS				4.3 STREET	ADDRESS	
CATY-ST-ZIP				4.4 CITY-S		
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - ST		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			į	6.2 NAME		
STREET 4000F00						

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.

Mary Beth Ebenger, Director

CITY-ST-ZIP