

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90019 001 \*1,540.00

**DOCUMENT # N98000002246**

1. Corporation Name

NH2 FACILITIES ASSOCIATION, INC.

Principal Place of Business  
311 PARK PLACE BOULEVARD  
CLEARWATER FL 33759

Mailing Address  
311 PARK PLACE BOULEVARD  
CLEARWATER FL 33759

6 11907-90019-20 7 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/17/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3510452	
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9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J  
JOHNSON, BLAKELY, POPE, BOKOR, P.A.  
911 CHESTNUT STREET  
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/Director
NAME	COLLINS, THERESA	1.2 NAME	Sellinger, John A.
STREET ADDRESS	311 PARK PLACE BLVD. SUITE 600	1.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600
CITY-ST-ZIP	CLEARWATER FL 33759	1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	VD	2.1 TITLE	Vice President/Director
NAME	SELLINGER, JOHN A	2.2 NAME	Miller, Francine
STREET ADDRESS	311 PARK PLACE BLVD. SUITE 600	2.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600
CITY-ST-ZIP	CLEARWATER FL 33759	2.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	STD	3.1 TITLE	Secretary/Treas./Director
NAME	SIKORSKI, FRED J	3.2 NAME	Small, Ed
STREET ADDRESS	311 PARK PLACE BLVD. SUITE 600	3.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600
CITY-ST-ZIP	CLEARWATER FL 33759	3.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/20/99 727-796-0911