

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000003553

1. Corporation Name

RESIDENTS ADVISORY COMMITTEE, INC. OF SPRUCE CRE
EK SOUTH

Principal Place of Business

Mailing Address

9582 SE 174TH LOOP
SUMMERFIELD FL 34491

9582 SE 174TH LOOP
SUMMERFIELD FL 34491



2. Principal Place of Business

2a. Mailing Address

21 17867 SE 97th Ave

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 City & State SUMMERFIELD FL

28 City & State

24 Zip 34491 Country

29 Zip Country

25

30

3. Date Incorporated or Qualified

06/17/1998

4. FEI Number

59-3479768

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

CLARA M. FIORINI

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

10755 S.E. 174th Loop

83

SUMMERFIELD

84 City

FL

85 Zip Code

34491

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

Clara M. Fiorini Secretary

4/24/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETED

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

1.2 NAME

FERN WASS

1.3 STREET ADDRESS

17867 SE 97th Ave

1.4 CITY-ST-ZIP

SUMMERFIELD, FL. 34491

2.1 TITLE

V/D

2.2 NAME

BEVERLY TODD

2.3 STREET ADDRESS

10743 SE 174th Loop

2.4 CITY-ST-ZIP

SUMMERFIELD FL 34491

3.1 TITLE

S/O

3.2 NAME

CLARA M FIORINI

3.3 STREET ADDRESS

10755 SE 174th Loop

3.4 CITY-ST-ZIP

SUMMERFIELD FL 34491

4.1 TITLE

T

4.2 NAME

GAIL DREYER

4.3 STREET ADDRESS

9541 SE 173rd LN

4.4 CITY-ST-ZIP

SUMMERFIELD FL 34491

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Fern Wass REEQURED WASS

4/24/99

352-245-3753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0076549