NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000004707

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90187 050 ****61.25

1. Corporation	E SECTION IV CONDOMINIU	IM ASSOC	SIATION, INC) .					-	<u> </u>
Principal Place of Business Mailing Address 9220 RONTA BEACH ROAD #215 9220 BONTA BEACH ROAD #215)	uno pa ola da lli f	ikka disk absu ka	nus 1 98 1 188 1
9220 BONITA BONITA SPRIM	BEACH ROAD #215 NGS FL 34135		nita beach ro Springs FL 341							
2. Principal P	lace of Business		2a. Mailing Address				3. Date incorporated or Qualife 08/14/1998	d		
Suite, Apt.	#, etc.		, Apt. #, etc.	• .	•		4. FEI Number	 -		plied For
City & Stat	de	27 City 8	& State	· · · · · ·			5. Cartifcate of Status Desired		\$8.75 4	
23	Country	28 Zip		Cou	intry		6. Election Campaign Financing	<u></u>	Fee Re \$5.00	
Zip 24	25	29		30			Trust Fund Contribution	u	Added to	
	9. Name and Address of Current		Agent				10. Name and Address of New	Registered	Apent	
					81 Nai	THO	·			
	r, GREG G				82 Stn	et Addre	ss (P.O. Box Number is Not Accep	otable)		
	TE HOME CORPORATION NITA BEACH ROAD #215									
	SPRINGS FL 34135			84 Cit	,		FI	85 Zip C	ode	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of familiar with, and accept the obligat	2 and 617.150 of Florida, Suc itions of, Sections	08, Florida Statu ch change was on 617.0503, Fl	ites, the a authorized orida Stat	bove-nand by the coutes.	ned corpo orporation	ration submits this statement for the board of directors. I hereby according to the submit of the su	ept the appo	f changing its introent as rec	registered gistered
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SIGNATURE	Rimetre hand or original name of parableton profits						when revisitating)	DATE		(
	Signature, typed or printed name of regulatered agent OFFICERS AND	nt and title if applical	ble. (NOT				when re-restating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	(
SIGNATURE	OFFICERS AND	nt and title if applical	ble. (NOT	E: Registered 13.	l Agent eignet		when revisitating)	DATE		RS IN 12
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I nerety certify that the information supplied with this hang does not qualify for the exemption states in Section 1.19.0 (3)(i), Francis States 3, I state with a same legal effect as if made under each; 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 AND TYPED OR BALLY