NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800007072

1. Corporation Name



02-11-1999 90021 013 \*\*\*\*61.25

AIP OWN	NERS ASSOCIATION, INC.							1					
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Principal Place	e of Rusiness	Mailin	g Address				$\dashv$	•					
•			SW COLLEGE RD	SHITE 1				1 1881)   18   18   18	AL LESIS ARISE BOS	1 <b>88</b> 111 <b>88</b> 111 <b>8</b> 1			# #   <b>                                 </b>
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	dace of Business	26	Billing Address					/14/1998					
Suite, Apt.	# etc.		ite, Apt. #, etc.					i Number				Appl	lied For
22		27										Not.	Applicable
City & Stat	ie .		ty & State				5 00	rtifcate of Sta	tue Decired				iditional
23		28					. J. Ce	mulcate of Sta	ilus Desired		Fee	e Req	uired
Zip	Country	Zip	D .	Cou	intry		6. Ele	ection Campa	ign Financing				lay Be
24	25	29		30				ist Fund Con				led to	Fees
	9. Name and Address of Currer	nt Registere	ed Agent		04	Nome	10. Na	me and Add	ress of New	Registered	Agent		
					81	Name							
MACKAY,	DAVID L				82	Street Add	dress (P.O.	Box Number	is Not Accept	table)			
2801 SW	COLLEGE RD., SUITE 1				83								
OCALA FL	. 34474				03								
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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: