## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(5)

UAIAI	EL MINICOMPOTEN COMP	MN1				
Principal Place of Business		Mailing Address		t annianal ani bidda atida iniis dib	to sole bidet divis otali divit oldii dibii idei	
4375 FAIR LAKES CT. FAIRFAX VA 22033-9952		4375 FAIR LAKES CT. FAIRFAX VA 22033-9952		3. Date Incorporated or Qualified 03/31/1987	d	
					4. FEI Number	Applied For
9 Principal P	lace of Business	2a. Mailing Address			52-1010011	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	<del></del>	
22		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
23		28		☐ Yes ☐ No		
Žip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Currer	29	30		Personal Property Tax due Ju  10. Name and Address of New I	
	g. Italia alla Madioss di Galia.	A riogistored rigorit		81 Name	10. Team and Address of Now I	Indiana of water
OT AARDANATION AVATEM						
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			ļ	63		
	***************************************			84 City		85 Zip Code
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the at	ove-named o	corporation submits this statement for the	e purpose of changing its registered
agent. I a	m f <b>a</b> miliar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stati	ites.	oration's board of directors. I hereby acc	sabit the appointment as registered
SIGNATURE .						
	Signature, typed or printed name of registered age			Agent signature r	required when reinstating)	DATE
12.		D DIRECTORS  DELETE	13.	T	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12  Change X Addition
TITLE	CD DAVIDSON THOMAS D		1.2 NAME			Stratige A Addition
NAME	DAVIDSON, THOMAS R. 4375 FAIR LAKES CT.					•
STREET ADDRESS	FAIRFAX VA			REET ADDRESS	22033	
CITY-\$T-ZIP TITLE	TSD	DELETE	2.1 717	Y-ST-ZIP	AAU33	☐ Change <b>X</b> Addition
NAME	KENDRICK, E.G., JR.		2.2 NA			Z Change Z Prosinon
STREET ADDRESS	4375 FAIR LAKES CT.		1	REET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA			TY-ST-ZIP	22033	
TITLE	V	☐ DELETE	3.1 TITLE		210100-5	Change X Addition
NAME	PETERSEN, WILLIAM P.		3.2 NA	ME		
STREET ADDRESS	4375 FAIR LAKES CT.		3.3 STI	REET ADDRESS		ļ
CITY-ST-ZIP	FAIRFAX VA		3.4. CI	TY-ST-ZIP	22033	
TITLE	V	DELETE	4.1 TiT	LE		☐ Change 🔀 Addition
NAME	PIERCY, VIRGINIA L.		4. 2 NA	ME		
STREET ADDRESS	4375 FAIR LAKES CT.		4.3 ST	REET ADDRESS	_	
CITY-ST-ZIP	FAIRFAX VA		4.4 CIT	Y-ST-ZIP	22033	
TITLE	D	DELETE	5.1 <b>T</b> IT	LE .		☐ Change 🔀 Addition
NAME	TOLLEY, B. CARY, III		5.2 NA	ME		
STREET ADDRESS	707 E. MAIN STREET		5.3 STI	reet address		
CITY-ST-ZIP	RICHMOND VA	1-1		Y-ST-ZIP	23212	
TITLE	P	DELETE	6.1 TIT			Change Maddition
NAME	GRIFFITH, H. RUSSELL		6.2 NA			į
STREET ADDRESS	4375 FAIR LAKES CT.		6.3 STI	REET ADDRESS	_	i

FAIRFAX VA

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.

**FILED** 

May 14 1998 8:00am

Secretary of State