

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755753 (1)**  
1. Corporation Name  
**SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**HOME OWNERS ASSO. INC.  
P.O. BOX 339  
BOKEELIA FL 33922**

Mailing Address  
**HOME OWNERS ASSO. INC.  
P.O. BOX 339  
BOKEELIA FL 33922**

3. Date Incorporated or Qualified  
**12/31/1980**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2337724</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

## 9. Name and Address of Current Registered Agent

**BOLDUC, THERESE  
7728 FARRELL RD  
BOKEELIA FL 33922-8912**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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: *Therese L. Bolduc* **THERESE L. Bolduc** Treasurer  
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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNN, BETTY</b>	1.2 NAME	
STREET ADDRESS	<b>HELEN RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, BERNARD</b>	2.2 NAME	
STREET ADDRESS	<b>CARPENTER RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLDUC, ROGER J</b>	3.2 NAME	
STREET ADDRESS	<b>7728 FARRELL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLDUC, THERESE L</b>	4.2 NAME	
STREET ADDRESS	<b>7728 FARRELL ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAW, ROBERT</b>	5.2 NAME	<b>JEAN BEITELSCHIES</b>
STREET ADDRESS	<b>7775 FARRELL ROAD</b>	5.3 STREET ADDRESS	<b>7602 HELEN RD</b>
CITY-ST-ZIP	<b>BOKEELIA FL</b>	5.4 CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JACKSON, LARRY</b>	6.2 NAME	<b>JOHANNES SHALT</b>
STREET ADDRESS	<b>7712 HELEN ROAD</b>	6.3 STREET ADDRESS	<b>15282 BUZZARD CUT RD</b>
CITY-ST-ZIP	<b>BOKEELIA FL</b>	6.4 CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Roger J. Bolduc* **Roger J. Bolduc** 3-12-96 941-283-5687  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)