

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **758822** (1)

1. Corporation Name

**TOWN HOMES OF WINTER GARDEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**900 S PARK AVE  
WINTER GARDEN FL 34787  
US**

**100 E. SYBELIA AVE  
130  
MAITLAND FL 32751  
US**



3. Date Incorporated or Qualified  
**06/17/1981**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-2829937**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KL MANAGEMENT GROUP INC  
100 E. SYBELIA VE  
SUITE 130  
MAITLAND FL 32751**

81 Name

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

83

84 City

**FL**

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

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 **PD** ☐ DELETE  
NAME **DAUGHTRY, FRANK**  
STREET ADDRESS **100 E. SYBELIA AVE., #130**  
CITY-ST-ZIP **MAITLAND FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE  
NAME **BIRK, PEGGY**  
STREET ADDRESS **100 E. SYBELIA AVE., #130**  
CITY-ST-ZIP **MAITLAND FL**

2.1 TITLE **VPTD** ☐ Change ☒ Addition  
2.2 NAME **Malans, Ted**  
2.3 STREET ADDRESS **100 E. Sybelia Ave. #130**  
2.4 CITY-ST-ZIP **MAitland FL 32751**

TITLE **SD** ☒ DELETE  
NAME **HNAT, MARSHA A**  
STREET ADDRESS **100 E. SYBELIA AVE., #130**  
CITY-ST-ZIP **MAITLAND FL**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Jones Shirley**  
3.3 STREET ADDRESS **100 E. Sybelia Ave. #130**  
3.4 CITY-ST-ZIP **MAitland FL 32751**

TITLE **ASD** ☒ DELETE  
NAME **KINGSTON, LAWRENCE**  
STREET ADDRESS **100 E. SYBELIA AVE., #130**  
CITY-ST-ZIP **MAITLAND FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **THOMPSON, ELLEN**  
STREET ADDRESS **100 E. SYBELIA AVE., #130**  
CITY-ST-ZIP **MAITLAND FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Colvard, Fannie**  
6.3 STREET ADDRESS **100 E. Sybelia Ave. #130**  
6.4 CITY-ST-ZIP **MAitland FL 32751**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-96**

**407/740-8081**

Date

Daytime Phone #

CR2E037 (3/96)