


FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758822** (1)

1. Corporation Name

TOWN HOMES OF WINTER GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**100 E. SYBELIA AVE
130
MAITLAND FL 32751-4748
US**

3. Date Incorporated or Qualified
06/17/1981

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2828937

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAUGHTRY, FRANK	
STREET ADDRESS	100 E. SYBELIA AVE., #130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	BIRK, PEGGY	
STREET ADDRESS	MALANS, TED	
CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, SHIRLEY	
STREET ADDRESS	100 E. SYBELIA AVE., #130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	KINGSTON, LAWRENCE	
STREET ADDRESS	100 E. SYBELIA AVE., #130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, ELLEN	
STREET ADDRESS	100 E. SYBELIA AVE., #130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLVARD, FANNIE	
STREET ADDRESS	100 E SYBELIA AVENUE #130	
CITY-ST-ZIP	MAITLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCloud, Jane	
2.3 STREET ADDRESS	100 E. Sybelia Ave, #130	
2.4 CITY-ST-ZIP	Maitland, FL 32751	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Malans, Ted	
4.3 STREET ADDRESS	100 E. Sybelia Ave. #130	
4.4 CITY-ST-ZIP	Maitland, FL 32751	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tait, Mary	
5.3 STREET ADDRESS	100 E. Sybelia Ave. #130	
5.4 CITY-ST-ZIP	Maitland, FL 32751	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Frank Daughtry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-29-97** Daytime Phone # **0014086**

CR2E037 (9/96)