FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

111

1. Corporation	IER SOUND HOMEOWNERS	. (.)								
Principal Place of Business Mailing Address									ii	
5143 COMMERCIAL WAY SPRING HILL FL 34606 5143 COMMERCIAL WAY SPRING HILL FL 34606										
						3. Date Incorporated or Qualified 10/21/1981	3 a. D	ate of Las 07/07/*		
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2598463	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution	D	\$5.0	DO May Be	
Zip 24	Country 25	Zip 29	Country 30	y		8. This corporation has liability for int	angible ta	ax under s		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg		_	·	
KIERZYN	ISKI, MICHAEL J		81	Ι.	Name					
5143 CO	DMMERCIAL WAY				Street Addres	ss (P.O. Box Number is Not Acceptable)				
SPRING	HILL FL 34606		83							
			84		City		FL	_ [ip Code	
11. Pursuant t or register familiar wit	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 617.1508, Florida Statutes da. Such change was authorized ion 617.0503. Florida Statutes	the aboved by the con	-nar pora	med corporati ation's board	ion submits this statement for the purpo of directors. I hereby accept the appoin	se of ch itment as	anging its registere	registered offic d agent. I am	
SIGNATURE	in and doody the benganone on coop.	Ulf Ulfridoud, i londa otatatoo,								
***************************************	Signature, typed or printed name of registered agent		: Registered Age	ent s	ignature required w		DATE			
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFIC	ERS ANI	DIRECT	ORS IN 12	
THILE	PD VENABLES TORYOD I	DELETE	1.1 TITLE					Change	Addition	
NAME OTOTET ADDRESS	VENABLES, TREVOR J 5143 COMMERCIAL WAY		1.2 NAME							
STREET ADDRESS	SPRING HILL FL 34606		1.3 STREE		,					
TITLE	VD	DELETE	1.4 C/TY-ST-Z E 2.1 T/TLE		ZIP			☐ Change	Addition	
NAME	GOODNOUGH, REGINA	had a corre	2.7 MAME					OHeri¥e	L.J Addition	
STREET ADDRESS	5143 COMMERCIAL WAY		2.3 STREET ADDRE		nngegg					
CITY-ST-ZIP	SPRING HILL FL 34606		2.4 CHY-							
TITLE	VD	DELETE	3.1 TITLE		211			Change	Addition	
NAME	CARSILLO, LARRY		3.2 NAME	Ė					_	
STREET ADDRESS	5143 COMMERCIAL WAY			ET AD	DDRESS					
CITY-ST-ZIP	SPRING HILL FL 34606		3.4. CITY -	-S1-	ZIP					
TITLE	STD BANKING BANKING	DELETE	4.1 TITLE					☐ Change	Addition	
NAME	ROMAGNOLO, RAYMOND		4. 2 NAME							
STREET ADDRESS	9111 LINGROVE ROAD WEEKI WACHEE FL 34613		4.3 STREE							
CITY-ST-ZIP TITLE	Fig. 1.7.			CITY - ST - ZIP			···	P Changa	- Addition	
NAME	ı	Пресете	5.1 TITLE 5.2 NAME					Change	☐ Addition	
STREET ADDRESS	ı		5.3 STREE		nnbece					
CITY-ST-ZIP	ı		5.4 CITY-							
TITLE		DELETE	6.1 TITLE		ZIF		-	☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET AD	DDRESS					
CITY-ST-ZIP			6.4 CITY-	ST-7	ZIP					
certify that oath; that	t the information indicated on this annu	ial report or supplemental annua ration or the receiver or trustee i	al report is tr empowered	DIE 6	and accurate	the exemption stated in Section 119.07 and that my signature shall have the sa report as required by Chapter 617, Florid	lenal ami	offect as i	if made under	

SIGNATURE:

TREVOR J. VENABLES

4/30/96 Daytime Prone #