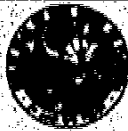


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762761 (5)
1. Corporation Name
ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
285 ALLAN LANE MELBOURNE BCH FL 32951 **285 ALLAN LANE MELBOURNE BCH FL 32951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1982	3a. Date of Last Report 05/19/1994
4. FEI Number 59-2513974	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**KENT, EVELYN
285 ALLAN LANE
MELBOURNE BCH FL 32951**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	KENT, EVELYN H	1.2 NAME	
STREET ADDRESS	285 ALLAN LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	BAYLE, PHILLIP C	2.2 NAME	
STREET ADDRESS	285 ALLAN LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GROVER, DAVID	3.2 NAME	
STREET ADDRESS	200 ALLAN LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, WILLIAM D.	4.2 NAME	
STREET ADDRESS	145 ALLAN LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	4.4 CITY - ST - ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	FINLEY, MRS JOSEPH M	5.2 NAME	
STREET ADDRESS	3170 S HIGHWAY A1A	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KENT, MILDRED	6.2 NAME	
STREET ADDRESS	285 ALLAN LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	6.4 CITY - ST - ZIP	

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 110.07(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: Evelyn H Kent Evelyn H Kent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 407-723-6198
Date Daytime Phone