

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

**APPROVED
AND
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95 APR 27 PM 12: 12

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 771173 (2)
1. Corporation Name
JAPONICA FOREST HOMEOWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1915 TY TY COURT TALLAHASSEE FL 32308**
Mailing Address: **1915 TY TY COURT TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1983**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2675329**
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. 189.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**DONNA INGLE
1912 TY TY COURT
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent
81 Name: **Diana L. Bourdon**
82 Street Address (P.O. Box Number is Not Acceptable): **1915 Ty Ty Court**
83
84 City: **Tallahassee** FL 85 Zip Code: **32308**

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: *Diana L. Bourdon* **DIANA L. BOURDON** *April 27, 1995*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INGLE, DONNA
STREET ADDRESS	1912 TY TY COURT
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	VD
NAME	COSTAS, JULIE
STREET ADDRESS	1912 TY TY COURT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	STD
NAME	BOURDON, DIANA
STREET ADDRESS	1915 TY TY COURT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FONTAINE, MARK	
13 STREET ADDRESS	1910 Ty Ty Court	
14 CITY - ST - ZIP	Tallahassee, FL 32308	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	YATES, SUSAN	
23 STREET ADDRESS	1903 Ty Ty Court	
24 CITY - ST - ZIP	Tallahassee, Florida 32308	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	600001469846	
43 STREET ADDRESS	-05/01/95--01081--001	
44 CITY - ST - ZIP	****130.00 ****130.00	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Diana L. Bourdon* **Diana L. Bourdon** **4/27/95** **904/224-9115**
Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Telephone