# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N01096

1. Entity Name
HOMES ON THE PARK HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 412 OAK AVENUE<br>SANFORD, FL 32771 US | 412 OAK AVENUE<br>SANFORD, FL 32771 US |

DO NOT WRITE IN THIS SPACE

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2405774
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARKS, JAMES A.
312 W. FIRST ST.
SUITE 401
SANFORD, FL 32771

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000115675
04/16/04-80033-022 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | CLAYTON, ANN |
| STREET ADDRESS | 412 OAK AVE |
| CITY-ST-ZIP | SANFORD, FL 32771 |
| TITLE | SEC |
| NAME | YOUNGER, DEBORAH |
| STREET ADDRESS | 404 OAK AVE |
| CITY-ST-ZIP | SANFORD, FL 32771 |
| TITLE | VPD |
| NAME | PHEBE, POWELL |
| STREET ADDRESS | 400 OAK AVE. |
| CITY-ST-ZIP | SANFORD, FL 32771 |
| TITLE | TD |
| NAME | PANORO, ROBERT MD |
| STREET ADDRESS | 410 OAK AVE |
| CITY-ST-ZIP | SANFORD, FL 32771 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marilyn Anne Clayton Marilyn Anne Clayton PD 04-13-04 407-330-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #