2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01096

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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
412 OAK AVENUE SANFORD, FL 32771 US	412 OAK AVENUE SANFORD, FL 32771 US

03092006 No Chg-NP CR2E037 (11/05)

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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.
1120 W. FIRST STREET
SUITE B
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAYTON, ANN
STREET ADDRESS	412 OAK AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	ST
NAME	SYLVESTER, REY
STREET ADDRESS	412 GRANDVIEW AVE. NORTH
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VPD
NAME	PHEBE, POWELL
STREET ADDRESS	400 OAK AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
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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04/28/06-80010-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anne Clayton Anne Clayton 4-12-06 407-330-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #