

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N03909 (1)**  
1. Corporation Name  
**LIONSGATE HOMEOWNERS' ASSOCIATION, INC.**

95 JAN 27 PM 4:12

Principal Place of Business Mailing Address  
1099 LIONSGATE LANE 1099 LIONSGATE LANE  
GULF BREEZE FL 32561 GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/26/1984 3a. Date of Last Report 01/20/1994  
4. FEI Number 59-2543075 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

9. Name and Address of Current Registered Agent  
ABERNATHY, NORMAN A.  
1101 LIONSGATE LN  
GULF BREEZE FL 32561  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABERNATHY, NORMAN A, 1101 LIONSGATE LN GULFBREEZE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD JEAN HAFNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1187 LIONSGATE LANE GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENDALL, KAROLYN 1090 LIONSGATE LANE GULFBREEZE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D FADDIS, NOEL 1075 LIONSGATE LANE GULFBREEZE FL</del>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MELL BALDWIN 1094 LIONSGATE LANE GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, JAMES B 1082 LIONSGATE LN GULFBREEZE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPELEWSKI, LEE 1105 LIONSGATE LANE GULFBREEZE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD DIEHL 1188 LIONSGATE LANE GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D KIRKPATRICK, ROBERT 1093 LIONSGATE LN GULFBREEZE FL</del>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: A. N. Abernathy - A. N. ABERNATHY (PRES) 1-22-'95  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR DATE (Month/Year)