

ANNUAL REPORT
1995

Florida Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12466** (1)
1. Corporation Name
OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 2081 SEFFNER FL 33584 **P O BOX 2081 SEFFNER FL 33584**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1985** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2816940** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 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. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**RUSSELL, GLADYS
222 HALTON CR
SEFFNER FL 33584**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELL, SIMON	12 NAME	
STREET ADDRESS	112 HALTON CIR	13 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	14 CITY-ST-ZIP	<i>add zip of 33584 to all</i>
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JEFF	22 NAME	
STREET ADDRESS	108 HALTON CIR	23 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFUNDA	32 NAME	
STREET ADDRESS	308 HALTON CR	33 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, GLADYS	42 NAME	
STREET ADDRESS	222 HALTON CR	43 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM	52 NAME	AYRES GERALD
STREET ADDRESS	222 HALTON CIRCLE	53 STREET ADDRESS	303 HALTON CIRCLE
CITY-ST-ZIP	SEFFNER FL	54 CITY-ST-ZIP	SEFFNER FL 33584
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, JIM	62 NAME	
STREET ADDRESS	218 HALTON CIR.	63 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	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 119.07(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: *Gladys Russell Gladys Russell* 2/5/95 654 2415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE