

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12466 (1)**

1. Corporation Name
OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
P O BOX 2061 SEFFNER FL 33584

Mailing Address
P O BOX 2061 SEFFNER FL 33584

3. Date Incorporated or Qualified **12/10/1985**

3a. Date of Last Report **02/27/1995**

4. FEI Number **59-2816940**

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Country

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

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gladys Russell, Treasurer 1/29/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	APPELL, SIMON	
STREET ADDRESS	112 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TURNER, JEFF	
STREET ADDRESS	108 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAFUNDA	
STREET ADDRESS	308 HALTON CR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, GLADYS	
STREET ADDRESS	222 HALTON CR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AYRES, GERALD	
STREET ADDRESS	303 HALTON CIR. LCE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GABRIEL, JIM	
STREET ADDRESS	218 HALTON CIR.	
CITY-ST-ZIP	SEFFNER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, Treasurer 1/29/96 (813) 654-2415

(NOTE: Registered Agent signature required when reinstating)

CR2E037 (12/95)