## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N/4/75

DARKHOOD	HOMEOWNERS'S	MOTTATOOR	TNC
PAKKWUUU	UOMEOMNEKO O	WOODCIWITON*	INC.

Principal Place of Business Mailing Address					$\dashv$			
Principal Place of Business  1950 Bluewater Blvd.  1950 Bluewater Blvd.  Niconial Place of Business  Mailing Address 1950 Bluewater Blvd.								
Niceville, FL 32578 Niceville, FL 32578								
					3. Date Incorporated or Qualified 0.1/03/1986	3a. Date of Last 05/01/19		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21		26		59-2673307		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State		6. Election Campaign Financing		00 May Be		
Zip	Country	Zip	Cou	ntry	Trust Fund Contribution  8. This corporation has liability for in	Adde	to Fees	
24	25	29	30	•	· -	Nangiole tax under s ]Yes □ No	. 199.032,	
n -11.	9. Name and Address of Current	Registered Agent		=	10. Name and Address of New Re	gistered Agent		
Sola	rz, Walter			Schne	ider, Joy			
	Parkwood Circle		Ţ	162   Sueet Address (F.O. Dox Number is not acceptable)				
Niceville, FL 32578			ŀ	83 122 Pa	arkwood Drive			
				Nicevi	ille, FL 32578			
				84 City		FL 85 Zi	ip 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 )	. / 6 \ / 7	/				6/1/196		
	Signative, typed or printed harrie of registered agent a			Agent signature required		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
NAME	PD	Decetion	1 1 T)T 1 2 NA			Change	☐ Addition	
STREET ADDRESS	Schneider Joy 122 Parkwood Drive			REET ADDRESS				
CITY-ST-ZIP	Niceville, FL 32578			Y-SI-ZIP				
TITLE	VD	DELETE	2 1 TiT			☐ Change	☐ Addition	
NAME	Pierce, do		2 2 NA	MF				
STREET ADDRESS	STREET ADDRESS 258 Parkwood Circle			REET ADDRESS				
CITY-ST-ZIP	Niceville, FL 32578		2 4 CI	TY-ST-71P				
TITLE	SD  Borestler, Jane	DELETE	3 1 TIT	•		Change	☐ Addition	
NAME STREET ADDRESS	127 Parkwood Drive		3 2 NA					
CITY-ST-ZIP	Niceville, FL 32578			REET ADDRESS				
TITLE	TD	DELETE	4 1 TIT	IY-ST-ZIP		☐ Change	[ ] Addition	
NAME	Emery, Van	_	4 2 NA	i		Onlings		
STREET ADDRESS	134 Parkwood Drive			HEET ADDRESS				
CITY-ST-ZIP	Niceville, FL 32578		4 4 CIT	Y-ST-ZIP				
TITLE	D	DELETE	5 1 TITI	.E	80000185	Change	Addition Addition	
NAME	Hood Chris 236 Parkwood Circle		5 2 NA	vie	-06/12/960104	コーサロ 13042		
STREET ADDRESS			5 3 STF	EET ADDRESS	***61.25	O O FE		
CITY-ST-ZIP TITLE	Niceville, FL 32578	DELETE		Y-ST-ZIP				
NAME		L'Increit	61717	ı		☐ Change	Addition	
STREET ADDRESS			6 2 NAI	IEET ADDRESS	_			
CITY-ST-ZIP				Y - ST - ZIP	Co-11	-9/2 -	M	
	y certify that the information supplied w	ith this filing is voluntarily furni	shed and d	loes not qualify for	or the exemption stated in Section 119.0	f LØ 7(3)(k), Florida Statut	tes. I further	

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: X

GRATURE OND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 904-887-3614 Dayline Prone +