

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 12

DOCUMENT # **N22898** (3)

1. Corporation Name

D3C HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P. O. BOX 950513 LAKE MARY FL 32746 32795-0513		P. O. BOX 950513 LAKE MARY FL 32746 32795-0513	

3. Date Incorporated or Qualified 10/08/1987	3a. Date of Last Report 09/20/1994
4. FEI Number 59-3047038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SAVAGE, DAN
651 QUEENSBRIDGE DR.
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAVAGE, DAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	651 QUEENSBRIDGE DR.	1.2 NAME	
STREET ADDRESS	LAKE MARY FL 32746	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD ERHART, KIM D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	813 AVON COURT	2.2 NAME	
STREET ADDRESS	LAKE MARY FL 32746	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD O'DONNELL, DANEE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	630 QUEENSBRIDGE DR.	3.2 NAME	
STREET ADDRESS	LAKE MARY FL 32746	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: Dan Savage DATE: 1-31-95 407-224-1507

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (System Use Only)