

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 # N22898 (3)

1. Corporation Name

D3C HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P. O. BOX 950513
LAKE MARY FL 32795-0513
US

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LAKE MARY FL 32795-0513
US

3. Date Incorporated or Qualified
10/08/1987

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3047038

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAVAGE, DAN
651 QUEENSBRIDGE DR.
LAKE MARY FL 32746**

81

Name

DANA JICKELL

82

Street Address (P.O. Box Number is Not Acceptable)

463 QUEENSBRIDGE DR.

83

84

City

LAKE MARY

FL

85

Zip Code
32746

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

Dana Jickell

DANA JICKELL

2/2/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

SAVAGE, DAN

STREET ADDRESS

651 QUEENSBRIDGE DR.

CITY-ST-ZIP

LAKE MARY FL 32746

TITLE

VD

☒ DELETE

NAME

ERHART, KIM D

STREET ADDRESS

813 AVON COURT

CITY-ST-ZIP

LAKE MARY FL 32746

TITLE

TD

☒ DELETE

NAME

O'DONNELL, DANEE

STREET ADDRESS

630 QUEENSBRIDGE DR.

CITY-ST-ZIP

LAKE MARY FL 32746

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

PD

☐ Change

☒ Addition

12 NAME

DANA JICKELL

13 STREET ADDRESS

463 QUEENSBRIDGE DR.

14 CITY-ST-ZIP

LAKE MARY FL 32746

21 TITLE

VD

☐ Change

☒ Addition

22 NAME

JACQUIE A JOHNS

23 STREET ADDRESS

467 QUEENSBRIDGE DR.

24 CITY-ST-ZIP

LAKE MARY FL 32746

31 TITLE

TD

☐ Change

☒ Addition

32 NAME

TERESA R DERMON

33 STREET ADDRESS

635 QUEENSBRIDGE DR.

34 CITY-ST-ZIP

LAKE MARY FL 32746

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

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:

Jacquie A Johns

JACQUIE A JOHNS

Date

2/2/96

Daytime Phone #

(407) 660-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)