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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT** # N22898

(3)

D00 110	OMEOWNERS' ASSOCIA	HON, INC.						
Principal Place	of Business	Mailing Address			1 50 01 11 01 0 1 0 1 0 1 0 1 0 1 0 1 0		)	ALBEI DEBIL IBBE
P. O. BOX 95 LAKE MARY F US		P. O. BOX 950513 LAKE MARY FL 32795- US	-0513			<del> </del>		
					3. Date Incorporated or Qualified 10/08/1987		ate of Last 02/07/1	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		1	Applied For
21		26			59-3047038			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	×		Additional Required	
City & State		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Žip	Country	Zp	Cour	ntry	8. This corporation has liability for			199.032,
24	25	29	30		Florida Statutes  10. Name and Address of New F	Yes _	<del> </del>	
	g. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New P	redistaian	WAGIII	
					ANA JICKELL			
SAVAGE, DAN					Idress (P.O. Box Number is Not Acceptab	ole)		
	ENSBRIDGE DR.		-	83	33 QUEENSBRIDGE DR.	<del> </del>		
LAKE MA	ARY FL 32746			63				
				84 City				Code
		100 1017 1500 Ft 11 O		<u> </u>	AKE MARY poration submits this statement for the pu	FL		746
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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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY-ST-ZIP

65 CITY-ST-ZIP

66 CITY-ST-ZIP

67 CITY-ST-Z

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)