

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:05

CORPORATION
TAMPA, FLORIDA

DOCUMENT # N27840 (0)

1. Corporation Name

LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date first organized or Qualified 08/11/1988	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2887294	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Exemption Certificate Desired and Fund Fund Contributions ☐	\$5.00 May Be Added to Fees
7. Nonprofit with 8454011000 Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.001, Florida Statutes. ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
3710 GAVIOTA AVE. RUSKIN FL 33573		3710 GAVIOTA AVE RUSKIN FL 33573	
2. Principal Place of Business	2a. Mailing Address	21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent

**MANELLI, DENNIS E
501 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both as the State of Florida has the power to authorize the corporation to suspend its operations. I hereby accept this appointment of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
NAME	PD HIGGINS, ROBERT 3710 GAVIOTA DR. RUSKIN FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME	VSD HIMES, DONALD 3710 GAVIOTA DR. RUSKIN FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME	SD TUCKER, GEORGE 3710 GAVIOTA DR. RUSKIN FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that I am the owner of the corporation. I further certify that the information is filed as the annual report or supplemental annual report, true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner of the corporation. I hereby accept this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *[Signature]* *George W. Tucker* *5/1/95* *(813) 634 5404*