

# 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 # N27840 (0)**

1. Corporation Name

**LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**3710 GAVIOTA AVE.  
RUSKIN FL 33573**

Mailing Address

**3710 GAVIOTA AVE.  
RUSKIN FL 33573**

3. Date Incorporated or Qualified  
**08/11/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21 3801 Cardenal Ave.**

Suite, Apt. #, etc.

**22**

City & State

**23 Ruskin, FL.**

Zip

**24 33573**

Country

**25**

2a. Mailing Address

**26 3801 Cardenal Ave.**

Suite, Apt. #, etc.

**27**

City & State

**28 Ruskin, FL.**

Zip

**29 33573**

Country

**30**

4. FEI Number  
**59-2887294**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

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

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 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD HIGGINS, ROBERT  
3710 GAVIOTA DR.  
RUSKIN FL** ☒ DELETE

**VSD HIMES, DONALD  
3710 GAVIOTA DR.  
RUSKIN FL** ☒ DELETE

**SD TUCKER, GEORGE  
3710 GAVIOTA DR.  
RUSKIN FL** ☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

**President, Director Rimes, Donald  
3809 Cardenal Ave.  
Ruskin, FL 33573** ☒ Change ☐ Addition

**Vice-President, Director Loerch, R.L.  
3801 Cardenal Ave.  
Ruskin, FL 33573** ☒ Change ☐ Addition

**Secretary, Treasurer, Director Loerch, Lori  
3801 Cardenal Ave.  
Ruskin, FL 33573** ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Lori A. Loerch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96  
Date

634-6471  
Daytime Phone #

CR2E037 (12/95)