

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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N28492** (9)  
1. Corporation Name  
**SANFORD PLACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
P O BOX 232 SANFORD FL 32772-232 US  
P O BOX 232 SANFORD FL 32772-232 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1988** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2942066** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent  
**DUDNEY, LARRY  
733 MONROE HARBOR PLACE  
SANFORD FL 32773**

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 607.0502 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 607.0905, Florida Statutes.

SIGNATURE: *Larry O. Dudley* DATE: **4/25/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>TRAUAT, JERRY</b>
STREET ADDRESS	<b>882 ST JOHNS RIVER DRIVE</b>
CITY - ST - ZIP	<b>SANFORD FL</b>
TITLE	<b>PD</b>
NAME	<b>KAY, WILLIAM</b>
STREET ADDRESS	<b>702 OSPREY NEST POINT</b>
CITY - ST - ZIP	<b>SANFORD FL</b>
TITLE	<b>D</b>
NAME	<b>KEELING, DAN</b>
STREET ADDRESS	<b>875 CROWS BLUFF LANE</b>
CITY - ST - ZIP	<b>SANFORD FL</b>
TITLE	<b>D</b>
NAME	<b>RAWSON, SUSAN</b>
STREET ADDRESS	<b>691 MONROE HARBOR PL</b>
CITY - ST - ZIP	<b>SANFORD FL</b>
TITLE	<b>TD</b>
NAME	<b>WILKERSON, JEANETTE</b>
STREET ADDRESS	<b>774 MONROE HARBOR PLACE</b>
CITY - ST - ZIP	<b>SANFORD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D TRAUDT, JERRY</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D ROBERT CARVER</b>
2.3 STREET ADDRESS	<b>712 ST. JOHNS RIVER DRIVE</b>
2.4 CITY - ST - ZIP	<b>SANFORD, FL 32773</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D BLAIN MARTIN</b>
3.3 STREET ADDRESS	<b>840 ST. JOHNS RIVER DRIVE</b>
3.4 CITY - ST - ZIP	<b>SANFORD, FL 32773</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D DENNIS GARRARD</b>
4.3 STREET ADDRESS	<b>776 OSPREY NEST POINT</b>
4.4 CITY - ST - ZIP	<b>SANFORD, FL 32773</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D JAMES MCKENNA</b>
5.3 STREET ADDRESS	<b>855 ST. JOHNS RIVER DRIVE</b>
5.4 CITY - ST - ZIP	<b>SANFORD, FL 32773</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(h), 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: *Larry O. Dudley* DATE: **4/25/95 (407) 330-0484**