

**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 # **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

3. Date Incorporated or Qualified **09/22/1988** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2942066	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**DUDLEY  
DUDNEY, LARRY  
733 MONROE HARBOR PLACE  
SANFORD FL 32773**

**10. Name and Address of New Registered Agent**

81	Name	<b>DUDLEY</b>
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
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 *Larry Dudley* DATE **4/29/96**  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAVOT, JERRY</b>	1.2 NAME	<b>TRAVOT, JERRY</b>
STREET ADDRESS	<b>882 ST JOHNS RIVER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	1.4 CITY-ST-ZIP	<b>32773</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARER, ROBERT</b>	2.2 NAME	<b>CARVER, ROBERT</b>
STREET ADDRESS	<b>742 ST JOHNS RIVER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	2.4 CITY-ST-ZIP	<b>32773</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, BLAIN</b>	3.2 NAME	<b>GRIMES, PATRICIA</b>
STREET ADDRESS	<b>840 OSPREY NEST POINT</b>	3.3 STREET ADDRESS	<b>844 MONROE HARBOR PLACE</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	3.4 CITY-ST-ZIP	<b>SANFORD, FL 32773</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAWSON, SUSAN</b>	4.2 NAME	<b>DOOD, CYNTHIA</b>
STREET ADDRESS	<b>691 MONROE HARBOR PL</b>	4.3 STREET ADDRESS	<b>929 MONROE HARBOR PLACE</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOKENNA, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>855 ST JOHNS RE VERO DRIVE</b>	5.3 STREET ADDRESS	<b>000001854740</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	5.4 CITY-ST-ZIP	<b>-06/07/96--01006--030</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>**61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Jerry Travot* **JERRY TRAVOT** DATE **4/29/96** (407) 321-1611  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)