


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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

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

3. Date Incorporated or Qualified
09/22/1988

4. FEI Number
59-2942066

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

DUDLEY, 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 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 _____ DATE _____
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 | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TRAUDT, JERRY | 1.2 NAME | RYAN THOMAS |
| STREET ADDRESS | 882 ST JOHNS RIVER DRIVE | 1.3 STREET ADDRESS | 817 MONROE HARBOR PLACE |
| CITY-ST-ZIP | SANFORD FL | 1.4 CITY-ST-ZIP | SANFORD, FL 32773 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARVER, ROBERT | 2.2 NAME | KIM KUYOUS |
| STREET ADDRESS | 742 ST JOHNS RIVER DRIVE | 2.3 STREET ADDRESS | 826 ST JOHNS RIVER DRIVE |
| CITY-ST-ZIP | SANFORD FL | 2.4 CITY-ST-ZIP | SANFORD, FL 32773 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | GRIMES, PATRICIA | 3.2 NAME | |
| STREET ADDRESS | 844 MONROE HARBOR PLACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL 32773 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | DODD, CYNTHIA | 4.2 NAME | |
| STREET ADDRESS | 929 MONROE HARBOR PL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | MOKENNA, JAMES | 5.2 NAME | |
| STREET ADDRESS | 855 ST JOHNS RE VERO DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Dudley* **4/20/99 (407) 246-1567**

CR2E037 (10/97)