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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:26

DOCUMENT # **N29209** **(6)**

1. Current Name

F.R. HOMEOWNERS' ASSOCIATION OF TAVARES, INC.

Principal Place of Business	Mailing Address
P O BOX 555 TAVARES FL 32778	P O BOX 555 TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1988**
3a. Date of Last Report: **06/24/1994**
4. FEI Number: **59-2678093** ☐ 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

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

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

9. Name and Address of Current Registered Agent

CRISWELL, J. H.
3016 RAINBOW ROAD
TAVARES FL 32778

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 607.0505, Florida Statutes.

SIGNATURE (Registered Agent) (Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President - D ☒ Change ☐ Addition
NAME	LAGRANGE, MARK	12 NAME	Chapman, Paul
STREET ADDRESS	3108 MANATEE ROAD	13 STREET ADDRESS	3009 Manatee Road
CITY ST ZIP	TAVARES FL	14 CITY ST ZIP	Tavares, FL
TITLE	VD	21 TITLE	Vice President - D ☒ Change ☐ Addition
NAME	DEMPSEY, JACK	22 NAME	DeCausemacker, George
STREET ADDRESS	2871 MYAKKA RIVER RD.	23 STREET ADDRESS	3224 Manatee Road, Tavares, FL
CITY ST ZIP	TAVARES FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	Secretary - D ☒ Change ☐ Addition
NAME	ROGERS, PHYLISS	32 NAME	Jenkins, Alice
STREET ADDRESS	3316 RAINBOW ROAD	33 STREET ADDRESS	2917 Manatee Road, Tavares, FL
CITY ST ZIP	TAVARES FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	Assistant Secretary - D ☒ Change ☐ Addition
NAME	TYSON, IRENE	42 NAME	DeCausemacker, Gladys
STREET ADDRESS	3013 WEKIVA ROAD	43 STREET ADDRESS	3224 Manatee Road, Tavares, FL
CITY ST ZIP	TAVARES FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	Treasurer - D ☒ Change ☐ Addition
NAME	SMITH, BETTY	52 NAME	Wilson, Karen
STREET ADDRESS	3317 RAINBOW ROAD	53 STREET ADDRESS	562 St Johns Road, Tavares, FL
CITY ST ZIP	TAVARES FL	54 CITY ST ZIP	
TITLE	TD	61 TITLE	Assistant Treasurer - D ☒ Change ☐ Addition
NAME	WILSON, KAREN	62 NAME	James, Patricia
STREET ADDRESS	562 ST. JOHNS ROAD	63 STREET ADDRESS	3318 Manatee Road, Tavares, FL
CITY ST ZIP	TAVARES FL	64 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my electronic 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 the 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: Karen L Wilson KAREN L WILSON 4/21/95 904-343-8641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032334