

# 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 # **N29209** (6)  
1. Corporation Name  
**F.R. HOMEOWNERS' ASSOCIATION OF TAVARES, INC.**



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

3. Date Incorporated or Qualified: **11/09/1988**  
3a. Date of Last Report: **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**CRISWELL, J. H.**  
**3018 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, PAUL	
STREET ADDRESS	3009 MANATEE RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DECAUSEMAKER, GEORGE	
STREET ADDRESS	3224 MANATEE RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENKINS, ALICE	
STREET ADDRESS	2917 MANATEE RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DECAUSEMAKER, GLADYS	
STREET ADDRESS	3224 MANATEE RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, KAREN	
STREET ADDRESS	582 ST JOHNS RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	JAMES, PATRICIA	
STREET ADDRESS	3318 MANATEE RD	
CITY-ST-ZIP	TAVARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Decausemaker, George	
1.3 STREET ADDRESS	3224 MANATEE	
1.4 CITY-ST-ZIP	TAVARES, FL.	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Goehring, Edward	
2.3 STREET ADDRESS	3531 MANATEE	
2.4 CITY-ST-ZIP	TAVARES, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hayes, Jeanne	
3.3 STREET ADDRESS	2910 WELKIVA	
3.4 CITY-ST-ZIP	TAVARES, FL	
4.1 TITLE	ASD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Segrell, Ethel A	
4.3 STREET ADDRESS	434 ST. JOHNS	
4.4 CITY-ST-ZIP	TAVARES, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Karen L Wilson* KAREN L. WILSON 343-8641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/27/96 Daytime Phone #

CR2E037 (12/95)