

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N38128 (7)

95 MAY -1 AM 8:58

1. Corporation Name  
HOWELL CREEK PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address  
3705 ALDERGATE PL 3705 ALDERGATE PL  
CASSELBERRY FL 32707 P.O. BOX 30501  
US CASSELBERRY FL 32707  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1990 3a. Date of Last Report 05/23/1994  
4. FEI Number 59-3009230 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 3705 ALDERGATE PL  
22 City & State 27 Suite, Apt. #, etc.  
23 Zip 28 CASSELBERRY, FL  
24 Country 29 32707 30 USA

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  
FLOYD, JODI  
3705 ALDERGATE PL  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent  
81 Name BRENDA LEE LONDON  
82 Street Address (P.O. Box Number is Not Acceptable) 800 N. HIGHLAND AVE.  
83  
84 City ORLANDO FL 85 Zip Code 32803

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 *Brenda Lee London* DATE 5-30-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME WILSON, MARK  
STREET ADDRESS 3709 ALDERGATE PL  
CITY-ST-ZIP CASSELBERRY FL  
TITLE FPD  
NAME MCCAREY, JR.  
STREET ADDRESS 811 E. WASHINGTON ST.  
CITY-ST-ZIP ORLANDO FL  
TITLE ST  
NAME FLOYD, JODI  
STREET ADDRESS 3705 ALDERGATE PL  
CITY-ST-ZIP CASSELBERRY FL  
TITLE D  
NAME MCCAREY, RICARD W.  
STREET ADDRESS 1428 E. JEFFERSON ST.  
CITY-ST-ZIP ORLANDO FL  
TITLE D  
NAME LEASURE, EDWARD C.  
STREET ADDRESS 4 COUNTRY CLUB  
CITY-ST-ZIP COCOA BCH F  
TITLE D  
NAME FLOYD, BERNARD  
STREET ADDRESS 3705 ALDERGATE PL  
CITY-ST-ZIP CASSELBERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  Change  Addition  
22 NAME V.D. MCCAREY, JOHN P.  
23 STREET ADDRESS 2919 WALNUT ST.  
24 CITY-ST-ZIP ORLANDO, FL. 32806  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  Change  Addition  
42 NAME D. MCCAREY, RICHARD W.  
43 STREET ADDRESS 3007 HUNTINGTON ST.  
44 CITY-ST-ZIP ORLANDO, FL 32803  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  Change  Addition  
62 NAME D. RICHARD PRITZKER  
63 STREET ADDRESS 3728 ALDERGATE PLACE  
64 CITY-ST-ZIP CASSELBERRY, FL

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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jodi Floyd* JODI FLOYD 5/26/95 4907  
Signature, typed or printed name of signing officer or director Date