

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 # N38361 (4)
1. Corporation Name
HOMETOWN PHASE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2180 W SR 434.
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address
**2180 W SR 434.
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **05/21/1990** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3049582** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W., JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	☐ DELETE
NAME	TURBA, MARK	
STREET ADDRESS	9958 ALOMA BEND LN	
CITY - ST - ZIP	OVIEDO FL	
TITLE	PD	☒ DELETE
NAME	MUGMAN, GWEN	
STREET ADDRESS	9990 ALOMA BEND LANE	
CITY - ST - ZIP	OVIEDO FL	
TITLE	STD	☐ DELETE
NAME	SHAH, HARISH	
STREET ADDRESS	9931 ALOMA BEND LANE	
CITY - ST - ZIP	OVIEDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PD	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	COX, GLENN M	
23 STREET ADDRESS	5422 COUNTY FAIR CT	
24 CITY - ST - ZIP	OVIEDO FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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: MARK TURBA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 Date

407-658-6444 Daytime Phone #

CR2E037 (12/95)