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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 05/21/1990

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

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

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

9. Name and Address of Current Registered Agent

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

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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	TURBA, MARK		1.2 NAME	MUGMAN, GWEN	
STREET ADDRESS	9958 ALOMA BEND LN		1.3 STREET ADDRESS	9990 ALOMA BEND LN	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	COX, GLENN M		2.2 NAME	LUCAS, LAURA	
STREET ADDRESS	5422 COUNTY FAIR CT		2.3 STREET ADDRESS	9986 ALOMA BEND LN	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHAH, HARISH		3.2 NAME		
STREET ADDRESS	9931 ALOMA BEND LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 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: Gwen Mugman GWEN MUGMAN 4/10/98