

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50749 (3)

1. Corporation Name

TEMPLE GROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

715 VASSAR ST
ORLANDO FL 32804

715 VASSAR ST
ORLANDO FL 32804



3. Date Incorporated or Qualified
09/09/1992

3a. Date of Last Report
03/03/1995

4. FEI Number

59-3140690

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

2a. Mailing Address

21 **5250 South U.S. Hwy 17-92**

26 **P.O. Box 182150**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Casselberry, FL**

City & State

28 **Casselberry, FL**

Zip

Country

Zip

Country

24 **32707**

25

29 **32718**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROUHER, CRAIG F~~
~~715 VASSAR ST~~
~~ORLANDO FL 32804~~

81 Name **Dana Bennett**
82 Street Address (P.O. Box Number is Not Acceptable) **861 Douglas Ave**
83
84 City **Altamonte Springs** FL 85 Zip Code **32714**

11. Pursuant to the provisions of Sections 617.0592 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 provisions of Section 617.1503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROUHER, CRAIG F	
STREET ADDRESS	715 VASSAR ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANDERLIN, JOANNE	
STREET ADDRESS	715 VASSAR ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALFIERI, LINDA	
STREET ADDRESS	715 VASSAR ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Dana A. Bennett	
13 STREET ADDRESS	861 Douglas Ave	
14 CITY-ST-ZIP	Altamonte Springs FL 32714	
21 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	William Orosz	
23 STREET ADDRESS	same	
24 CITY-ST-ZIP		
31 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Jerry Steakley	
33 STREET ADDRESS	same	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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, 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, changed or on block 14 with an address

SIGNATURE:

Dana A. Bennet, President

3/27/96 (407) 865-9600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)