

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham [†] Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50749** (3)

1. Corporation Name
TEMPLE GROVE ESTATES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business 5250 SOUTH US HWY. 17-92 CASSELBERRY FL 32707	Mailing Address PO BOX 182150 CASSELBERRY FL 32718-2150
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2. Principal Place of Business 21 2383 Greywall Ave Suite, Apt. #, etc. 22 City & State 23 OCFEE, FLORIDA Zip Country 24 34761 25 ORANGE		2a. Mailing Address 26 P.O. Box 597 Suite, Apt. #, etc. 27 City & State 28 OCFEE, FLORIDA Zip Country 29 34761 30 ORANGE		3. Date Incorporated or Qualified 09/09/1992	3a. Date of Last Report 04/18/1996
				4. FEI Number 59-3140690	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENNETT, DANA A. 881 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714		10. Name and Address of New Registered Agent 81 Name PERRY S. CARTWRIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 2593 GREY WALL AVENUE 83 84 City OCFEE FL 85 Zip Code 34761	
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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 **PERRY S. CARTWRIGHT** *P.S. Cartwright* **TD** **4-15-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DANA A.	1.2 NAME	JEFFREY B. INGRAM "D"
STREET ADDRESS	881 DOUGLAS AVE.	1.3 STREET ADDRESS	2383 Greywall Ave
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	OCFEE, FL 34761
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROSZ, WILLIAM	2.2 NAME	ERIC MORSE
STREET ADDRESS	881 DOUGLAS AVE.	2.3 STREET ADDRESS	2307 Greywall Ave "D"
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	OCFEE FL 34761
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEAKLEY, JERRY	3.2 NAME	PERRY S. CARTWRIGHT "D"
STREET ADDRESS	881 DOUGLAS AVE.	3.3 STREET ADDRESS	2593 GREY WALL AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	OCFEE, FLORIDA 34761
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **4-15-97** (407) 522-0158

CR2E037 (9/96)