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95 MAY -1 PM 1:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N93000005266
1. Corporation Name
**BURDINES HABITAT HOMEOWNERS' ASSOCIATION,
INC.**

Principal Place of Business: **10 PALMS PLAZA
HOMESTEAD, FL
33030**
Mailing Address: **P.O. BOX 901509
HOMESTEAD, FL
33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **11/22/93** 3a. Date of Last Report: **N/A**

4. FEI Number: **65-0470898** 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. 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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **THE PRENTICE-HALL CORP. SYSTEM, INC.**

82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS ST.**

83: **SUITE 105**

84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

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

12. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT - D**
NAME: **MARY LYNN DOLAN**
STREET ADDRESS: **10 PALMS PLAZA**
CITY - ST - ZIP: **HOMESTEAD FL 33030**

TITLE: **SECRETARY - D**
NAME: **SHARON THOMPSON**
STREET ADDRESS: **10 PALMS PLAZA**
CITY - ST - ZIP: **HOMESTEAD FL 33030**

TITLE: **TREASURER - D**
NAME: **SELINA JONES**
STREET ADDRESS: **10 PALMS PLAZA**
CITY - ST - ZIP: **HOMESTEAD FL 33030**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP: **200001526672**

2.1 TITLE: **-06/29/95--01027-008** Change Addition

2.2 NAME: *****130.00 ***130.00**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE: Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE: Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE: Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE: Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

REMITTED BY MAY 1

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 110.07(3)(b), 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: **Selina Z. Jones** Date: **March 23, 1995** CH