

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995 *1-20-95*



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

FILED

MAY 20 11:10:18
TAMPA, FLORIDA

DOCUMENT # **N94000000657 (6)**
1. Corporation Name

THE ESTATES AT WHITE TROUT LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4104 WEST LINEBAUGH AVENUE
TAMPA FL 33624

4104 WEST LINEBAUGH AVENUE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/02/1994** 3a. Date of Last Report

4. FEI Number **59-3299245** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

10. Name and Address of New Registered Agent

ANDREWS, JANA
SMITH, WILLIAMS & BOWLES P.A.
712 S OREGON AVENUE
TAMPA FL 33608

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Registration Agent or (printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MOBLEY, TIMOTHY F
STREET ADDRESS 4104 WEST LINEBAUGH AVENUE
CITY ST ZIP TAMPA FL 33624

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST ZIP

TITLE D
NAME MOBLEY, MICHAEL
STREET ADDRESS 4104 WEST LINEBAUGH AVENUE
CITY ST ZIP TAMPA FL 33624

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST ZIP

TITLE STVD
NAME BAIN, JOHN H
STREET ADDRESS 750 NORTHLAWN DR.
CITY ST ZIP COLUMBUS OH 43214

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(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:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95

Date

Daytime Phone #