

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 26 1996 8:00 am  
Secretary of State

**DOCUMENT # N94000000657 (6)**

1. Corporation Name

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



Principal Place of Business <b>4104 WEST LINEBAUGH AVENUE TAMPA FL 33624</b>	Mailing Address <b>4104 WEST LINEBAUGH AVENUE TAMPA FL 33624</b>
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3. Date Incorporated or Qualified <b>02/02/1994</b>	3a. Date of Last Report <b>07/20/1995</b>
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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

4. FEI Number <b>59-3299245</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**ANDREWS, JANA  
SMITH, WILLIAMS & BOWLES P.A.  
712 S. OREGON AVENUE  
TAMPA FL 33606**

**10. Name and Address of New Registered Agent**

81 Name <b>Jana Andrews + Assoc.</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>2807 W. Busch Blvd</b>
83
84 City <b>Tamp</b>
85 Zip Code <b>FL 33618</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>MOBLEY, TIMOTHY F</b>	
STREET ADDRESS <b>4104 WEST LINEBAUGH AVENUE</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MOBLEY, MICHAEL</b>	
STREET ADDRESS <b>4104 WEST LINEBAUGH AVENUE</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>	
TITLE <b>STVD</b>	<input type="checkbox"/> DELETE
NAME <b>BAIN, JOHN H</b>	
STREET ADDRESS <b>750 NORTHLAWN DR.</b>	
CITY-ST-ZIP <b>COLUMBUS OH 43214</b>	
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)