

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

DOCUMENT # **N94000004315 (7)**

1. Corporation Name

ARMOUR MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6 RIO VISTA DR.
TEQUESTA FL 33469

6 RIO VISTA DR.
TEQUESTA FL 33469

3. Date Incorporated or Qualified
08/26/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **479 Tequesta Dr**

26 **479 Tequesta Dr**

4. FEI Number

65-0649100

Applied For

Not Applicable

22 **Unit 10**

27 **Unit 10**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **Tequesta FL**

28 **Tequesta FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **33469**

25 **USA**

29 **33469**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMOUR, MONICA I
6 RIO VISTA DR.
TEQUESTA FL 33469

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | ARMOUR, MONICA I | |
| STREET ADDRESS | 6 RIO VISTA DR. | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | ARMOUR, ANDREW E | |
| STREET ADDRESS | 6 RIO VISTA DR. | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GORDON, PATRICK M | |
| STREET ADDRESS | 810 SATURN ST., STE. 17 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| 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 | | |

| | | |
|--------------------|---------------------|---|
| 1.1 TITLE | DP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ARMOUR, MONICA I. | |
| 1.3 STREET ADDRESS | 479 Tequesta Dr #10 | |
| 1.4 CITY-ST-ZIP | Tequesta, FL 33469 | |
| 2.1 TITLE | DV | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ARMOUR, ANDREW E | |
| 2.3 STREET ADDRESS | 479 Tequesta Dr #10 | |
| 2.4 CITY-ST-ZIP | Tequesta FL 33469 | |
| 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: *Monica Armour* **Monica Armour** 1-29-95 407-746-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)