

**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 # **N95000001288 (8)**

1. Corporation Name

**QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

1090 ROYAL BOULEVARD  
PALM HARBOR FL 34684

Mailing Address

1090 ROYAL BOULEVARD  
PALM HARBOR FL 34684

3. Date Incorporated or Qualified  
**03/14/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1020 Royal Blvd**

26 **1020 Royal Blvd**

4. FEI Number  
**59-3345362**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be Added to Fees

23 City & State  
**Palm Harbor Florida**

28 City & State  
**Palm Harbor, Florida**

24 Zip  
**34684**

25 Country  
**Pinellas**

29 Zip  
**34684**

30 Country  
**Pinellas**

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

**HARRIS, ROGER  
1090 ROYAL BOULEVARD  
PALM HARBOR FL 34684**

81 Name  
**Roger Harris,**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3477 Fox Hunt Drive**  
83  
84 City  
**Palm Harbor** **FL** 85 Zip Code  
**34683**

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, ROGER</b>	1.2 NAME	<b>ROGER HARRIS</b>
STREET ADDRESS	<b>1090 ROYAL BOULEVARD</b>	1.3 STREET ADDRESS	<b>3477 Fox Hunt Drive,</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	1.4 CITY-ST-ZIP	<b>Palm Harbor, Fl 34683</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSON, CECILIA</b>	2.2 NAME	<b>CECILIA LARSON</b>
STREET ADDRESS	<b>1090 ROYAL BOULEVARD</b>	2.3 STREET ADDRESS	<b>3477 Fox Hunt Drive,</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	2.4 CITY-ST-ZIP	<b>Palm Harbor, Fl 34683</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RONK, JAMES</b>	3.2 NAME	<b>ROBERT FORD</b>
STREET ADDRESS	<b>1090 ROYAL BOULEVARD</b>	3.3 STREET ADDRESS	<b>1185 Royal Blvd,</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	3.4 CITY-ST-ZIP	<b>Palm Harbor, Fl 34684</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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 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:

**Roger Harris, President (813) 785-6944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)