

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
85	Zip Code	FL 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	PD	1.1 TITLE	PD
NAME	HARRIS, ROGER	1.2 NAME	ROGER HARRIS
STREET ADDRESS	1090 ROYAL BOULEVARD	1.3 STREET ADDRESS	3477 Fox Hunt Drive,
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	Palm Harbor, Fl 34683
TITLE	SD	2.1 TITLE	SD
NAME	LARSON, CECILIA	2.2 NAME	CECILIA LARSON
STREET ADDRESS	1090 ROYAL BOULEVARD	2.3 STREET ADDRESS	3477 Fox Hunt Drive,
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	Palm Harbor, Fl 34683
TITLE	VD	3.1 TITLE	VD
NAME	RONK, JAMES	3.2 NAME	ROBERT FORD
STREET ADDRESS	1090 ROYAL BOULEVARD	3.3 STREET ADDRESS	1185 Royal Blvd,
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	Palm Harbor, Fl 34684
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Roger Harris, President (813) 785-6944**

Daytime Phone #

CR2E037 (12/95)