FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26729 (6)

1. Corporation Name
MIDDLETON OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
908 OLD MAIL LANE SANFORD FL 32773-8153	908 OLD MAIL LANE SANFORD FL 32773-8153

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1988
3a. Date of Last Report: 07/27/1994
4. FEI Number: 59-2948170 ☐ Applied For ☐ Not Applicable

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 / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

CASTRIANNI, SAM J
908 OLD MAIL LANE
SANFORD FL 32773

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTRIANNI, SAM J	1.2 NAME	
STREET ADDRESS	908 OLD MAIL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEISENT, DOUG	2.2 NAME	
STREET ADDRESS	904 OLD MAIL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☑ Change ☐ Addition
NAME	~~WESTFIELD, GENE~~ WESTFALL, Gene	3.2 NAME	T WESTFALL, GENE
STREET ADDRESS	921 PENFIELD COVE	3.3 STREET ADDRESS	921 PENFIELD COVE
CITY-ST-ZIP	SANFORD FL 32773	3.4 CITY-ST-ZIP	SANFORD, FL. 32773
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	~~ESTERBROOK, DEAN~~ ESTABROOK, Dean	4.2 NAME	D ESTABROOK, DEAN
STREET ADDRESS	~~4257 LONGATE CT.~~ 4205 Meeting Place	4.3 STREET ADDRESS	4205 MEETING PLACE
CITY-ST-ZIP	SANFORD FL 32773	4.4 CITY-ST-ZIP	SANFORD, FL. 32773
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	MURPHY, DAVID	5.2 NAME	D MURPHY, DAVID
STREET ADDRESS	~~4257 LONGATE CT.~~ 4257 Iron Gate Ct	5.3 STREET ADDRESS	4257 IRON GATE CT.
CITY-ST-ZIP	SANFORD FL 32773	5.4 CITY-ST-ZIP	SANFORD, FL. 32773
TITLE		6.1 TITLE	☐ Change ☐ 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)(i), 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: Sam Castrianni — 16 Jan 94 — 407/321-15-16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000220S