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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:12

DOCUMENT # N30572 (4)

1. Corporation Name
MIDWAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LEE JAY COLLING, ATTY 20 N ORANGE AVE., STE 700 ORLANDO FL 32801 US	C/O LEE JAY COLLING, ATTY. 20 N ORANGE AVE., STE 700 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2933904 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
20 N. ORANGE AVE
SUITE 700
ORLANDO FL 32801

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	DP	1.1 TITLE	D ☒ Change ☐ Addition
NAME	~~MARGGGGIA, FRANK~~ MORA, CREED I.	1.2 NAME	CONNORS, LOU
STREET ADDRESS	1950 US 1, LOT ~~262~~ 76	1.3 STREET ADDRESS	1950 US#1 LOT 29
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	DVP	2.1 TITLE	D ☒ Change ☐ Addition
NAME	~~SOHWANZ, LEOTA~~ COKE, LILLIAN	2.2 NAME	ICING, PEGGY
STREET ADDRESS	1950 S. U.S. 1, LOT ~~110~~ 262	2.3 STREET ADDRESS	1950 US#1 LOT 218
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	DS	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~MORA, DOROTHY~~	3.2 NAME	WYETH, LORETTA
STREET ADDRESS	1950 S. US. 1, LOT ~~76~~ GAGER, CONNIE	3.3 STREET ADDRESS	1950 S US#1 LOT 210
CITY-ST-ZIP	VERO BEACH FL 234	3.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	COKE, CHARLES	4.2 NAME	
STREET ADDRESS	1950 S. U.S. 1, LOT 262	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	~~BLACKETER, RALPH~~ CARTER, ROBERT	5.2 NAME	
STREET ADDRESS	1950 SOUTH U.S. 1, LOT ~~1~~ 136	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, CLARENCE	6.2 NAME	
STREET ADDRESS	1950 SOUTH U.S. 1, LOT 205	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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: CREED I MORA 13 FEB 1995 561-231-29
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0004047