

# 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 24 AM 11:31

**DOCUMENT # NO1296 (5)**

1. Corporation Name

**C.A.V. HOMEOWNERS COOPERATIVE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**39333 BLUE SKYE DRIVE  
ZEPHYRHILLS FL 33540**

Mailing Address

**39333 BLUE SKYE DRIVE  
ZEPHYRHILLS FL 33540**

|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/03/1984</b> | 3a. Date of Last Report<br><b>03/14/1994</b>           |
| 4. FEI Number<br><b>59-2515418</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

2. Principal Place of Business

2a. Mailing Address

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

21 **39333 Blue Skye Dr**  
Suite, Apt. #, etc.

26 **39333 Blue Skye Dr**  
Suite, Apt. #, etc.

22 **Zephyrhills, FL**  
City & State

27 **Zephyrhills, FL**  
City & State

23 **33540**  
Zip Country

28 **33540**  
Zip Country

24 **pasco**  
25 **pasco**

29 **pasco**  
30 **pasco**

9. Name and Address of Current Registered Agent

**DAVIS, MURLE  
39234 DONGIAN DR  
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent

81 Name **Vigil, Norton**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6231 Quality Ln**  
83  
84 City **Zephyrhills** FL 85 Zip Code **33540**

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

*Vigil, Norton*

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

(NOTE: Registered Agent Signature required when reappointing)

02-15-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>P</b>                   |
| NAME            | <b>COUPAS, ELEANOR</b>     |
| STREET ADDRESS  | <b>8327 BALMY LANE</b>     |
| CITY - ST - ZIP | <b>ZEPHYRHILLS FL</b>      |
| TITLE           | <b>VPO</b>                 |
| NAME            | <b>KECK, WILLIAM</b>       |
| STREET ADDRESS  | <b>6420 WAYSIDE LANE</b>   |
| CITY - ST - ZIP | <b>ZEPHYRHILLS FL</b>      |
| TITLE           | <b>S</b>                   |
| NAME            | <b>BARTON, JOAN</b>        |
| STREET ADDRESS  | <b>39243 DONGIAN DRIVE</b> |
| CITY - ST - ZIP | <b>ZEPHYRHILLS FL</b>      |
| TITLE           | <b>TD</b>                  |
| NAME            | <b>DAVIS, MURLE</b>        |
| STREET ADDRESS  | <b>39234 DONGIAN DR</b>    |
| CITY - ST - ZIP | <b>ZEPHYRHILLS FL</b>      |
| TITLE           | <b>D</b>                   |
| NAME            | <b>CORBETT, JACK</b>       |
| STREET ADDRESS  | <b>6232 PLEASURE LN</b>    |
| CITY - ST - ZIP | <b>ZEPHYRHILLS FL</b>      |
| TITLE           | <b>D</b>                   |
| NAME            | <b>CAMPBELL, ELROY</b>     |
| STREET ADDRESS  | <b>6230 WATERFORD LANE</b> |
| CITY - ST - ZIP | <b>ZEPHYRHILLS FL</b>      |

|                     |                              |                                                                              |
|---------------------|------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>President</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Norton, Vigil</b>         |                                                                              |
| 1.3 STREET ADDRESS  | <b>6231 Quality Ln</b>       |                                                                              |
| 1.4 CITY - ST - ZIP | <b>Zephyrhills, FL 33540</b> |                                                                              |
| 2.1 TITLE           | <b>Vice-president</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>Boudreau, Frank</b>       |                                                                              |
| 2.3 STREET ADDRESS  | <b>39331 Nanian Dr</b>       |                                                                              |
| 2.4 CITY - ST - ZIP | <b>Zephyrhills, FL 33540</b> |                                                                              |
| 3.1 TITLE           | <b>Secretary</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>Johnstone, Leeland</b>    |                                                                              |
| 3.3 STREET ADDRESS  | <b>6231 Balmy Ln</b>         |                                                                              |
| 3.4 CITY - ST - ZIP | <b>Zephyrhills, FL 33540</b> |                                                                              |
| 4.1 TITLE           | <b>Treasurer</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>Gellen, Walter</b>        |                                                                              |
| 4.3 STREET ADDRESS  | <b>39247 Nahen Dr</b>        |                                                                              |
| 4.4 CITY - ST - ZIP | <b>Zephyrhills, FL 33540</b> |                                                                              |
| 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           | <b>Director</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | <b>Nanian, Martin</b>        |                                                                              |
| 6.3 STREET ADDRESS  | <b>6311 Wealthy Ln</b>       |                                                                              |
| 6.4 CITY - ST - ZIP | <b>Zephyrhills, FL 33540</b> |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 190.01(2)(b), 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

*Leeland E. Johnstone*  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

*Secretary* 2/15/95 7826054  
DATE