

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33421 (1)

1. Corporation Name

ARCADIA VILLAGE COUNTRY CLUB HOMEOWNER'S ASSOC.
INC.

Principal Place of Business

Mailing Address

2692 NE HWY 70
LOT 537
ARCADIA FL 33821
US

2692 NE HWY 70
LOT 537
ARCADIA FL 33821
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1989

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0165919

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENNA, DONAL L.
2692 NE HWY 70
LOT 14
ARCADIA FL 33821

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

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

NAME

SCHWEIZER, RUTH

STREET ADDRESS

2692 NE HWY 70, #800

CITY-ST-ZIP

ARCADIA FL

1.1 TITLE

President - D

☒ Change

☐ Addition

1.2 NAME

Al Wiens

1.3 STREET ADDRESS

2692 N.E. Hwy 70 # 11

1.4 CITY-ST-ZIP

Arcadia, Florida 33821

TITLE

VPD

NAME

HILLS, EDWARD

STREET ADDRESS

2692 NE HWY 70, #15

CITY-ST-ZIP

ARCADIA FL

2.1 TITLE

Vice President - D

☒ Change

☐ Addition

2.2 NAME

Ed Hazlett

2.3 STREET ADDRESS

2692 N.E. Hwy 70 # 621

2.4 CITY-ST-ZIP

Arcadia, Florida 66821

TITLE

VPD

NAME

WIENS, AL

STREET ADDRESS

2692 NE HWY 70, #11

CITY-ST-ZIP

ARCADIA FL

3.1 TITLE

Vice President - D

☒ Change

☐ Addition

3.2 NAME

Rosemary McTygue

3.3 STREET ADDRESS

2692 N.E. Hwy 70 # 536

3.4 CITY-ST-ZIP

Arcadia, Florida 33821

TITLE

SD

NAME

BRADT, KATHLEEN

STREET ADDRESS

2692 NE HWY 70, #136

CITY-ST-ZIP

ARCADIA FL

4.1 TITLE

Secretary - D

☐ Change

☐ Addition

4.2 NAME

Kathleen Bradt

4.3 STREET ADDRESS

2692 N.E. Hwy 70 #136

4.4 CITY-ST-ZIP

Arcadia, Florida 33821

TITLE

TD

NAME

BENDING, JENLDA

STREET ADDRESS

2692 NE HWY. 70, #537

CITY-ST-ZIP

ARCADIA FL

5.1 TITLE

Treasurer - D

☐ Change

☐ Addition

5.2 NAME

Jenelda Bending

5.3 STREET ADDRESS

2692 N.E. Hwy 70 #537

5.4 CITY-ST-ZIP

Arcadia, Florida 33821

TITLE

D

NAME

HAZLETT, ED

STREET ADDRESS

2692 NE HWY 70, #621

CITY-ST-ZIP

ARCADIA FL

6.1 TITLE

Director

☒ Change

☐ Addition

6.2 NAME

Paul Nyssen

6.3 STREET ADDRESS

2692 N.E. Hwy 70 # 598

6.4 CITY-ST-ZIP

Arcadia, Florida 33821

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 190.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JENELDA E. BENDING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 1995
Date

813/993-2459
Deputy Phone #