

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION
CORPORATION REPORT REGISTRATION

DOCUMENT # N94000003548 (4)

ACOSTA CREEK HOMEOWNERS' ASSOCIATION, INC.

APPROVED
FEB 13

05 MAY - 1 5:12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
1901 S. HARBOR CITY BLVD SUITE 805 MELBOURNE FL 32901		1901 S. HARBOR CITY BLVD SUITE 805 MELBOURNE FL 32901		3. Date Incorporated or Qualified 06/29/1994	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FIC Number	☒ Applied For ☐ Not Applicable
21	State, Apt. #, etc.	26	State, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Fund Fund Contribution	☐ \$5.00 May Be Added to Fees
23	City & State	28	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐ \$68.75 Supplemental Fee Not Required
24	City	25	City	8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes	☐ Yes ☒ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COPPOLA, GARY J 1901 S. HARBOR CITY BLVD. SUITE 805 MELBOURNE FL 32901				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 199.037 and 199.038, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as 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 Sections 199.037, Florida Statutes.					
SIGNATURE					
12. OFFICERS AND DIRECTORS					
NAME	DP	13. ADDRESS (STREET, CITY, STATE, ZIP CODE)	14. ADDRESS (STREET, CITY, STATE, ZIP CODE)	15. ADDRESS (STREET, CITY, STATE, ZIP CODE)	16. ADDRESS (STREET, CITY, STATE, ZIP CODE)
NAME	COPPOLA, GARY J	17. NAME	18. NAME	19. NAME	20. NAME
NAME	1901 S. HARBOR CITY BLVD., SUITE 805	21. NAME	22. NAME	23. NAME	24. NAME
NAME	MELBOURNE FL 32901	25. NAME	26. NAME	27. NAME	28. NAME
NAME	CV	29. NAME	30. NAME	31. NAME	32. NAME
NAME	CRAGG, DAVID	33. NAME	34. NAME	35. NAME	36. NAME
NAME	1901 S. HARBOR CITY BLVD., SUITE 805	37. NAME	38. NAME	39. NAME	40. NAME
NAME	MELBOURNE FL 32901	41. NAME	42. NAME	43. NAME	44. NAME
NAME	DST	45. NAME	46. NAME	47. NAME	48. NAME
NAME	CRAGG, ANITA	49. NAME	50. NAME	51. NAME	52. NAME
NAME	1901 S. HARBOR CITY BLVD., SUITE 805	53. NAME	54. NAME	55. NAME	56. NAME
NAME	MELBOURNE FL 32901	57. NAME	58. NAME	59. NAME	60. NAME
NAME		61. NAME	62. NAME	63. NAME	64. NAME
NAME		65. NAME	66. NAME	67. NAME	68. NAME
NAME		69. NAME	70. NAME	71. NAME	72. NAME
NAME		73. NAME	74. NAME	75. NAME	76. NAME
NAME		77. NAME	78. NAME	79. NAME	80. NAME
NAME		81. NAME	82. NAME	83. NAME	84. NAME
NAME		85. NAME	86. NAME	87. NAME	88. NAME
NAME		89. NAME	90. NAME	91. NAME	92. NAME
NAME		93. NAME	94. NAME	95. NAME	96. NAME
NAME		97. NAME	98. NAME	99. NAME	100. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.037 and 199.038, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have this same information for its records and for the public. I am familiar with and accept the obligations of Sections 199.037 and 199.038, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am an officer or director with an address.

SIGNATURE: *Gary J. Coppola* Gary J. Coppola 4-22-95 728 4310

407