# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:12

DOCUMENT # 750222 (2)

1. Corporation Name
THE QUEENSWOOD ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6219 US 27 N.<br>P. O. BOX 4010<br>SEBRING FL 33871-4010<br>US | 6219 US 27 N.<br>P. O. BOX 4010<br>SEBRING FL 33871-4010<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1979
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-2873995 ☐ 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 |
|---|---|
| 21 926 SEBRING SQUARE | 26 PO BOX 4010 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: SEBRING, FL | 28 City & State: SEBRING, FL |
| 24 Zip: 33870 25 Country: USA | 29 Zip: 33871 30 Country: USA |

9. Name and Address of Current Registered Agent

DOW, LAWRENCE E.
6219 US 27 N.
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 926 SEBRING SQUARE
83
84 City: SEBRING, FL 85 Zip Code: 33870

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 _____ 4/13/95
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 | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | PATELL, MIKE | 12 NAME | PENNY, JANE M. | |
| STREET ADDRESS | 5009 GRANADA BLVD. | 13 STREET ADDRESS | 6655 SPARTA RD | |
| CITY-ST-ZIP | SEBRING FL | 14 CITY-ST-ZIP | SEBRING, FL | |
| TITLE | STD | 21 TITLE | STD | ☒ Change ☐ Addition |
| NAME | KENDALL, VICTOR P. | 22 NAME | MCGUIRE, JEAN R. | |
| STREET ADDRESS | 5007 GRANADA BLVD. | 23 STREET ADDRESS | 5001 GRANADA BLVD. | |
| CITY-ST-ZIP | SEBRING FL | 24 CITY-ST-ZIP | SEBRING, FL | |
| TITLE | ~~D~~ | 31 TITLE | D | ☐ Change ☐ Addition |
| NAME | ~~MACRAE, IVAN~~ | 32 NAME | MACRAE, IVAN | |
| STREET ADDRESS | ~~5011 GRANADA BLVD.~~ | 33 STREET ADDRESS | 5011 GRANADA BLVD | |
| CITY ST ZIP | ~~SEBRING FL~~ | 34 CITY-ST-ZIP | SEBRING, FL | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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:** Jane M. Penny 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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