SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT 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 JUN 23 AM 9:52

DOCUMENT # **N24885** **(8)**

1. Corporation Name

ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business	Mailing Address
P O BOX 406 GOTHA FL 34734-7406	P O BOX 406 GOTHA FL 34734-7406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1988
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2874139 ☐ 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 ☐ **FILING FEE IS $61.25**
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

HULL, MARGARET
1003 ALMOND TREE CIR
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: CLIFFORD SHEPARD, PA
82 Street Address (P.O. Box Number is Not Acceptable): 20 NORTH AVENUE STE. 1107
83
84 City: ORLANDO FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: CLIFFORD SHEPARD, P.A. DATE: 6-1-95
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	P	11 TITLE	PRES. ☒ Change ☐ Addition
NAME	SAUER, MARGARET	12 NAME	ENDRE, THOMAS
STREET ADDRESS	908 ALMOND TREE CIRCLE	13 STREET ADDRESS	950 ALMOND TREE CIRCLE
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	V	21 TITLE	VP ☒ Change ☐ Addition
NAME	DUNN, BONNIE	22 NAME	GILMORE STEVEN
STREET ADDRESS	1119 ALMOND TREE CR	23 STREET ADDRESS	1244 ALMOND TREE COURT
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T	31 TITLE	TREAS. ☒ Change ☐ Addition
NAME	DINGER, ROBERT	32 NAME	DE COURTIVRON, JULIE
STREET ADDRESS	1207 ALMOND TREE COURT	33 STREET ADDRESS	997 ALMOND TREE CIRCLE
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VAUSE, RAY	42 NAME	
STREET ADDRESS	980 ALMOND TREE CR	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STARK, LENNY	52 NAME	
STREET ADDRESS	1039 ALMOND TREE CIR.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BOBALIK, JOE	62 NAME	
STREET ADDRESS	1230 ALMOND TREE CR	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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: Thomas J. Endre THOMAS J. ENDRE 6-1-95 407-296-9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019309