

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11383 (9)

1. Corporation Name

FRANKLIN FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9965 MIRAMAR PARKWAY
PO BOX C 161
MIRAMAR FL 33025
US

Mailing Address

9965 MIRAMAR PARKWAY
PO BOX C 161
MIRAMAR FL 33025
US



3. Date Incorporated or Qualified

10/01/1985

3a. Date of Last Report

02/08/1995

4. FEI Number

59-2611056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

**TEMPKINS, HARRY
420 LINCOLN RD #258
MIAMI BCH. FL 33139**

81 Name

Randall Roger

82 Street Address (P.O. Box Number is Not Acceptable)

1500 Cypress Creek Road, Suite 207

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MENIEL, JACQUES	
STREET ADDRESS	2330 DUNHILL AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURNETT, MILES	
STREET ADDRESS	9420 CHELSEA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	EUART, JOANNE	
STREET ADDRESS	9590 ASHLEY DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKILLOP, ANDY	
STREET ADDRESS	9341 BELAIRE DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, PAUL	
STREET ADDRESS	9301 BELAIRE DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENTLES, EDGAR	
STREET ADDRESS	2340 DUNHILL AVE	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	President/Director
33 STREET ADDRESS	Nancy Holloway
34 CITY-ST-ZIP	9301 Belaire Drive
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Miramar, FL 33025
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Holloway
PAUL R. HOLLOWAY

MAR. 1, 1996

Date

754-435-9086

Daytime Phone #

CR2E037 (12/95)