

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 # 734120 (9)
1. Corporation Name
HOME BUILDERS ASSOCIATION OF LAKE COUNTY, INC.



Principal Place of Business
**1102 N JOANNA AVE
TAVARES FL 32778**

Mailing Address
**1102 N JOANNA AVE
TAVARES FL 32778**

3. Date Incorporated or Qualified
10/20/1975

3a. Date of Last Report
04/05/1995

4. FEI Number
59-1623355

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**ROBUCK, H D JR
131 W MAIN ST
TAVARES, FL
32778**

10. Name and Address of New Registered Agent
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 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, RAY	
STREET ADDRESS	2901 N. DONNELLY ST.	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, CLELL III	
STREET ADDRESS	1107 N THOMAS RD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, PAUL	
STREET ADDRESS	ORANGE AVENUE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUDECKE, CARL	
STREET ADDRESS	18604 HWY 441	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEGSTROM, CRAIG	
STREET ADDRESS	25445 SR 46	
CITY-ST-ZIP	SORRENTO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARTER, MIKE	
STREET ADDRESS	2310 S. BAY ST.	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MOWERS, CHRIS	
13 STREET ADDRESS	31129 INDUSTRY DR	
14 CITY-ST-ZIP	TAVARES FL 32778	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	HANSFORD, GEORGE	
23 STREET ADDRESS	1623 PATTON AV	
24 CITY-ST-ZIP	APOPKA FL 32703	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	P	<input checked="" 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: Michael L. Carter 3/24/96 352-357-7672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL L CARTER Date Daytime Phone #

CR2E037 (12/95)