

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21631 (9)

1. Corporation Name

SEVER'S LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P O BOX 571
PALM HARBOR FL 34683
US

Mailing Address

P O BOX 571
PALM HARBOR FL 34682
US

3. Date Incorporated or Qualified
07/21/1987

3a. Date of Last Report
03/29/1995

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

4. FEI Number
59-2836105

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELHARDT, PAUL
542 SEVER'S LANDING
SP
PALM HARBOR FL 34683

81 Name

Maquire, Susan

82

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

2027 Swan Lane

83

84

City Palm Harbor

FL

Zip Code

34683

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 617.0501, Florida Statutes.

SIGNATURE

Susan Maquire

Signature typed 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 ☒ DELETE
NAME ENGELHARDT, PAUL
STREET ADDRESS 542 SEVER'S LANDING
CITY-ST-ZIP PALM HARBOR FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME Maquire, Susan
13 STREET ADDRESS 2027 Swan Lane
14 CITY-ST-ZIP Palm Harbor, FL 34683

TITLE VD ☒ DELETE
NAME WAYBRANT, BETH
STREET ADDRESS 2004 SWAN LANE
CITY-ST-ZIP PALM HARBOR FL

21 TITLE VD ☒ Change ☐ Addition
22 NAME Valletti, Liz
23 STREET ADDRESS 1903 Swan Lane
24 CITY-ST-ZIP Palm Harbor, FL 34683

TITLE TD ☒ DELETE
NAME HAUPTMAN, TED
STREET ADDRESS 2077 SWAN LANE
CITY-ST-ZIP PALM HARBOR FL

31 TITLE TD ☒ Change ☐ Addition
32 NAME King, Holly
33 STREET ADDRESS 700 Sever's Landing Dr.
34 CITY-ST-ZIP Palm Harbor, FL 34683

TITLE D ☒ DELETE
NAME FLYNN, JOSEPH
STREET ADDRESS 1971 SWAN LANE
CITY-ST-ZIP PALM HARBOR FL

41 TITLE D ☒ Change ☐ Addition
42 NAME Scalise, Annette
43 STREET ADDRESS 2016 Swan Lane
44 CITY-ST-ZIP Palm Harbor, FL 34683

TITLE D ☒ DELETE
NAME GAROFOLI, PETER
STREET ADDRESS 5650 SEVERS LANDING
CITY-ST-ZIP PALM HARBOR FL

51 TITLE D ☒ Change ☐ Addition
52 NAME Morris, Richard
53 STREET ADDRESS 703 Samantha Dr.
54 CITY-ST-ZIP Palm Harbor, FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
800001788628
-04/22/96--01035--038
***\$61.25

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:

Holly King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

Date

(813) 784-6209

Daytime Phone #

CR2E037 (12/95)

4-21-96