SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (6) GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1648 GOLFSIDE VILLAGE BLVD 1648 GOLFSIDE VILLAGE BLVD APOPKA FL 32712 APOPKA FL 32712 3. Date Incorporated or Qualified 04/10/1986 3a. Date of Last Report 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2634824 21 Applied For 26 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 П City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Zip Country Added to Fees Žip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Yes No 10. Name and Address of New Registered Agent Name JOHN A NELSON 1672 GOLFSIDE VILLAGE CT Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32712 A3 84 City 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 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDC (3/3/6) DELETE 1.1 TITLE NELSON, JOHN A. Change Addition NAME 1.2 NAME 1672 GOLFSIDE VILLAGE BLVD STREET ADDRESS 0770 NICOLS CR2E037 1.3 STREET ADDRESS 1582 GOUPSIDE VILL BLVD APOPKA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE APOPKA PL. 32712 DELETE 21 TITLE COY, CLIFFORD I. Change X Addition NAME 2.2 NAME GRAGG 1734 GOLFSIDE VILGE BLVD STREET ADDRESS 1665 GOUP SIDE VILL, BLVD. 2.3 STREET ADDRESS APOPKA FL CITY-ST-ZiP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change NAME van **M**eter, Sharon Addition 3.2 NAME 1648 GOLFSIDE VILLAGE BLVD STREET ADDRESS 3.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE POWERS, MARCIA Change NAME Addition 4 2 NAME 1566 BROUFSIDE VILLAGE BLVD STREET ADORESS 4.3 STREET ADDRESS apopka Fl CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE WENZEL, THOMAS A. NAME Change Addition 5.2 NAME 1622 GOLFSIDE VILLAGE BLVD STREET ADDRESS 5.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE CASS, ROBERT NAME Change Addition 6.2 NAME 1598 GOLFSIDE VILLAGE BLVD STREET ADDRESS 6.3 STREET ADDRESS APOPKA FL 14. 1do 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 type and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY - ST - ZIP SIGNATURE REQUIRED SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NECSON

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