

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 # N24885

(8)

1. Corporation Name

ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC



Principal Place of Business

P O BOX 406
GOTHA FL 34734-7406

Mailing Address

P O BOX 406
GOTHA FL 34734-7406

3. Date Incorporated or Qualified
02/17/1988

3a. Date of Last Report
06/23/1995

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

59-2874139

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

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

CLIFFORD, SHEPARD PA
20 NORTH AVE
STE 1107
ORLANDO FL 32801

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

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 ☐ DELETE

NAME
P
ENDRE, THOMAS
STREET ADDRESS
950 ALMOND TREE CIRCLE
CITY - ST - ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
VP
GILMORE, STEVEN
STREET ADDRESS
1244 ALMOND TREE CT
CITY - ST - ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
T
DECOURTIVRON, JULIE
STREET ADDRESS
997 ALMOND TREE CT
CITY - ST - ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
D
VAUSE, RAY
STREET ADDRESS
980 ALMOND TREE CR
CITY - ST - ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
D
STARK, LENNY
STREET ADDRESS
1039 ALMOND TREE CIR.
CITY - ST - ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
D
BOBALIK, JOE
STREET ADDRESS
1230 ALMOND TREE CR
CITY - ST - ZIP
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

VP
Cooper, Karen
1033 Almond Tree Cr.
Orlando, FL

200001869942
-06/20/96--01072--005
***61.25

D
Kulp, Jake
1046 Almond Tree Cr.

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

Date

Daytime Phone #

CR2E037 (12/95)