

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15961 (8)**  
 1. Corporation Name  
**VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>229 CERVIDAE DRIVE          APOPKA FL 32703          US</b>	Mailing Address <b>229 CERVIDAE DRIVE          APOPKA FL 32703-3114          US</b>
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2. Principal Place of Business <b>21 648 Falling Oak Cove</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 Post Office Box 1496</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/21/1986</b>	3a. Date of Last Report <b>02/12/1996</b>
City & State <b>23 Apopka, FL</b>		City & State <b>28 Apopka, FL</b>		4. FEI Number <b>59-2936552</b>	Applied For Not Applicable
Zip <b>24 32703</b>	Country <b>25 USA</b>	Zip <b>29 32704</b>	Country <b>30 USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HUTCHINSON, MATTHEW          229 CERVIDAE DRIVE          APOPKA FL 32703</b>		10. Name and Address of New Registered Agent <b>81 Name Shawn Cable</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 648 Falling Oak Cove</b> <b>83</b> <b>84 City Apopka FL 85 Zip Code 32703</b>	
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11. Pursuant to the provisions of Sections 617.002 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 Shawn Cable DATE 4-16-97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MANORE, MICHAEL 208 CERVIDAE DRIVE APOPKA FL 32703	1.1 TITLE	President P/D Shawn Cable 648 Falling Oak Cove Apopka, FL 32703
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD HUTCHINSON, MATTHEW 229 CERVIDAE DRIVE APOPKA FL 32703	2.1 TITLE	Vice President VP/D
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HART, LISA 104 N. CERVIDAE DRIVE APOPKA FL 32703	3.1 TITLE	Treasurer T/D
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MARTINEZ, EDWIN 59 N. CERVIDAE DRIVE APOPKA FL 32703	4.1 TITLE	Secretary S/D Angela Scott 648 Falling Oak Cove Apopka, FL 32703
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VAIVE, KATHY 639 FALLING OAK LANE APOPKA FL 32703	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WOODYARD, DOUGLAS JR 108 N. CERVIDAE DRIVE APOPKA FL 32703	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shawn Cable DATE: 4/16/97 TELEPHONE: 884-4180  
 Signature and typed or printed name of signing officer or director. Daytime Phone # 0012738

CR2E037 (9/96)