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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 648 FALLING OAK COVE APOPKA FL 32703 US	Mailing Address P O BOX 1496 APOPKA FL 32704 US
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3. Date Incorporated or Qualified 07/21/1986	
4. FEI Number 59-2936552	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 639 Falling Oak Cove Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1496 Suite, Apt. #, etc.
22 City & State 23 Apopka, FL	27 City & State 28 Apopka, FL
24 Zip 32703	25 Country USA
29 Zip 32704	30 Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CABLE, SHAWN 648 FALLING OAK COVE APOPKA FL 32703

10. Name and Address of New Registered Agent 81 Name Kathleen Vaive 82 Street Address (P.O. Box Number is Not Acceptable) 639 Falling Oak Cove 83 84 City Apopka FL 85 Zip Code 32703

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 *Kathleen Vaive* **Kathleen Vaive, President** **3/26/98**
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	PD <input type="checkbox"/> DELETE
NAME	CABLE, SHAWN
STREET ADDRESS	648 FALLING OAK COVE
CITY-ST-ZIP	APOPKA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HUTCHINSON, MATTHEW
STREET ADDRESS	220 CERVIDAE DRIVE
CITY-ST-ZIP	APOPKA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HART, LISA
STREET ADDRESS	104 N. CERVIDAE DRIVE
CITY-ST-ZIP	APOPKA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SCOTT, ANGELA
STREET ADDRESS	626 FALLING OAK COVE
CITY-ST-ZIP	APOPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Karla Lafferty
4.3 STREET ADDRESS	110 Kinney Court
4.4 CITY-ST-ZIP	Apopka, FL 32703
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD Kathy Vaive
5.3 STREET ADDRESS	639 Falling Oak Cove
5.4 CITY-ST-ZIP	Apopka, FL 32703
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Lisa Hart* **Lisa Hart** **3/26/98** **407-660-8088**
Signature and typed or printed name of signing officer or director. Date Daytime Phone

CR2E037 (10/97)