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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11383

1. Corporation Name

FRANKLIN FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9965 MIRAMAR PARKWAY
PO BOX C 161
MIRAMAR FL 33025
US

Mailing Address

9965 MIRAMAR PARKWAY
PO BOX C 161
MIRAMAR FL 33025
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number

59-2611056

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

9. Name and Address of Current Registered Agent

ROGER, RANDALL
6261 NW 6 WAY
STE 103
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 **VD** ☒ DELETE
NAME **MENIEL, JACQUES**
STREET ADDRESS **2330 DUNHILL AVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **SD** ☐ DELETE
NAME **BURNETT, MILES**
STREET ADDRESS **9420 CHELSEA DRIVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **PD** ☐ DELETE
NAME **HOLLOWAY, NANCY**
STREET ADDRESS **9301 BELLAIRE DRIVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **D** ☐ DELETE
NAME **BEVERLY ADAMS**
STREET ADDRESS **9421 CHELSEA DR**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **TD** ☐ DELETE
NAME **HOLLOWAY, PAUL**
STREET ADDRESS **9301 BELLAIRE DRIVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **D** ☐ DELETE
NAME **GENTLES, EDGAR**
STREET ADDRESS **2340 DUNHILL AVE**
CITY-ST-ZIP **MIRAMAR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **Beverly Adams**
4.3 STREET ADDRESS **9421 Chelsea Drive**
4.4 CITY-ST-ZIP **Miramar, FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Paul Holloway
Paul Holloway, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/99 954-435-9086
Date Daytime Phone #

CRZE037 (1/98)