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96 MAY - 1 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 591525 (1)  
1. Corporation Name  
HOMEOWNER'S ASSOCIATION OF AMERICA, INC.

Principal Place of Business Mailing Address  
6365 TAFT ST P. O. BOX 9200 HOLLYWOOD FL 33024 US

3. Date Incorporated or Qualified 10/23/1978  
3a. Date of Last Report 05/30/1995  
4. FEI Number 59-1855827  
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

2. Principal Place of Business 2a. Mailing Address  
21 400 SAWGRASS CORPORATE Pkwy. Suite, Apt. #, etc. 26 400 SAWGRASS CORPORATE Pkwy. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 SUNRISE, FLORIDA 28 SUNRISE, FLORIDA  
24 33325 25 Country 29 33325 30 Country

9. Name and Address of Current Registered Agent  
STEWART, MELVIN  
6365 TAFT ST #2000  
P. O. BOX 9200  
HOLLYWOOD FL 33084

10. Name and Address of New Registered Agent  
81 Name MICHAEL F. JONES  
82 Street Address (P.O. Box Number is Not Acceptable) 400 SAWGRASS CORPORATE PARKWAY  
83  
84 City SUNRISE FL 85 Zip Code 33325

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Michael F. Jones* 5/9/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, MELVIN	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, MICHAEL F.	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCCELLATO, CARL	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MORRIS, C G	
STREET ADDRESS	6365 TAFT ST #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORRIS, C.G.
1.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
1.4 CITY - ST - ZIP	SUNRISE, FL 33325
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
2.4 CITY - ST - ZIP	SUNRISE, FL 33325
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
3.4 CITY - ST - ZIP	SUNRISE, FL 33325
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
4.4 CITY - ST - ZIP	SUNRISE, FL 33325
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KAREN CHILDRESS
5.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
5.4 CITY - ST - ZIP	SUNRISE, FL 33325
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Childress* 4/16/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Date, Phone #

CR2E034 (12/95)