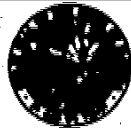


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703563 (7)
1. Corporation Name
MT PLYMOUTH LAKES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
% 6333 N. MT. PLYMOUTH ROAD % 6333 N. MT. PLYMOUTH ROAD
P.O. BOX 912 P.O. BOX 912
APOPKA FL 32704 APOPKA FL 32704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1962 3a. Date of Last Report 12/12/1994
4. FBI Number 59-2426211 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DAVIS, ROSE
649 N. SLOTE DR.
APOPKA FL 32712

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 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	STAPLETON, PEGGIE	1.2 NAME	
STREET ADDRESS	827 DISNEY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	CARBINO, DIANA	2.2 NAME	
STREET ADDRESS	633 DUNLAP DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWTON, MILLIARD	3.2 NAME	
STREET ADDRESS	6403 N STANWIN DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROSE	4.2 NAME	
STREET ADDRESS	649 N. SLOTE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WICKS, EDWARD	5.2 NAME	
STREET ADDRESS	6431 N. STANWIN DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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: Rose M. Davis / Rose M. Davis 4/17/1995 889-8427
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone # X 201