

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
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	
1633 N. MT. PLYMOUTH ROAD P.O. BOX 912 APOPKA FL 32704		1633 N. MT. PLYMOUTH ROAD P.O. BOX 912 APOPKA FL 32704	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	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 85 Zip Code FL			

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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
NAME	STAPLETON, PEGGIE	
STREET ADDRESS	627 DISNEY DR	
CITY - ST - ZIP	APOPKA FL	
TITLE	S	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
NAME	CARBINO, DIANA	
STREET ADDRESS	633 DUNLAP DR	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
NAME	NEWTON, MILLIARD	
STREET ADDRESS	6403 N STANWIN DR	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
NAME	DAVIS, ROSE	
STREET ADDRESS	649 N. SLOTE DR.	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
NAME	WICKS, EDWARD	
STREET ADDRESS	6431 N. STANWIN DR.	
CITY - ST - ZIP	APOPKA FL	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
NAME		
STREET ADDRESS		
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 017, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/1995 299-8427

Date Daytime Phone X 201