

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703563

(7)

1. Corporation Name

MT PLYMOUTH LAKES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% 6333 N. MT. PLYMOUTH ROAD
P.O. BOX 912
APOPKA FL 32704

% 6333 N. MT. PLYMOUTH ROAD
P.O. BOX 912
APOPKA FL 32704

3. Date Incorporated or Qualified

02/06/1962

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2426211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

10. Name and Address of New Registered Agent

DAVIS, ROSE
649 N. SLOTE DR.
APOPKA FL 32712

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

Rose Davis

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when re-nominating)

4/12/1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME STAPLETON, PEGGIE
STREET ADDRESS 627 DISNEY DR
CITY-ST-ZIP APOPKA FL

TITLE S ☐ DELETE

NAME CARBINO, DIANA
STREET ADDRESS 633 DUNLAP DR
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME NEWTON, MILLIARD
STREET ADDRESS 6403 N STANWIN DR
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME DAVIS, ROSE
STREET ADDRESS 649 N. SLOTE DR.
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME WICKS, EDWARD
STREET ADDRESS 6431 N. STANWIN DR.
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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 Davis (Rose Davis)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1996 407-586-0752
DATE DAYTIME PHONE

CR2E037 (12/95)