

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:00

DOCUMENT # **723095 (6)**

1. Corporation Name
DIXIE GROVES COMMUNITY ASSOCIATION, INC

Principal Place of Business Mailing Address
P.O. BOX 3582 HOLIDAY FL 34690 P.O. BOX 3582 HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/10/1972** 3a. Date of Last Report **04/12/1994**
4. FEI Number **59-1801966** 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

10. Name and Address of New Registered Agent

~~DRURY, JAMES
5214 CASTLE LANE
HOLIDAY FL 34690~~
**DONALD R. STOVER
5306 FRONT DR.
HOLIDAY, FL 34690**

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 DONALD R. STOVER DATE 3-6-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | BRURY, JAMES |
| STREET ADDRESS | 5214 CASTLE LANE |
| CITY-ST-ZIP | HOLIDAY-FL |
| TITLE | TD |
| NAME | THUMAN, DONNA A. |
| STREET ADDRESS | 1722 COCKLESHELL DR. |
| CITY-ST-ZIP | HOLIDAY-FL |
| TITLE | VPD |
| NAME | FESS, JAMES |
| STREET ADDRESS | 1029 SPARKLE LANE |
| CITY-ST-ZIP | HOLIDAY FL |
| TITLE | SD |
| NAME | BRADY, ANN MARIE |
| STREET ADDRESS | 5137 PANORAMA AVE |
| CITY-ST-ZIP | HOLIDAY-FL |
| TITLE | D |
| NAME | BRADY, JACK |
| STREET ADDRESS | 5137 PANORAMA AVE |
| CITY-ST-ZIP | HOLIDAY FL |
| TITLE | D |
| NAME | THUMAN, JOHN A. |
| STREET ADDRESS | 1722 COCKLESHELL DRIVE |
| CITY-ST-ZIP | HOLIDAY FL |

| | | |
|--------------------|-------------------------|---|
| 1.1 TITLE | 1.1 P.D | <input checked="" type="checkbox"/> CHANGE |
| 1.2 NAME | 1.2 STOVER, DONALD R | |
| 1.3 STREET ADDRESS | 1.3 5306 FRONT DR | |
| 1.4 CITY-ST-ZIP | 1.4 HOLIDAY FL 34690 | |
| 2.1 TITLE | 2.1 TD | <input checked="" type="checkbox"/> CHANGE |
| 2.2 NAME | 2.2 STOVER, DONALD R | |
| 2.3 STREET ADDRESS | 2.3 5306 FRONT DR | |
| 2.4 CITY-ST-ZIP | 2.4 HOLIDAY FL 34690 | |
| 3.1 TITLE | 3.1 VPD | <input checked="" type="checkbox"/> CHANGE |
| 3.2 NAME | 3.2 NETHERLAND, MAURICE | |
| 3.3 STREET ADDRESS | 3.3 5145 TANNY LN. | |
| 3.4 CITY-ST-ZIP | 3.4 HOLIDAY FL 34690 | |
| 4.1 TITLE | 4.1 SD | |
| 4.2 NAME | 4.2 BRADY, ANN MARIE | SAME |
| 4.3 STREET ADDRESS | 4.3 5137 PANORAMA AV | |
| 4.4 CITY-ST-ZIP | 4.4 HOLIDAY FL 34690 | |
| 5.1 TITLE | | |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 110.07(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: Donald R. Stover DATE: 2-16-95 813-934-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
DONALD R. STOVER 3-6-95