

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 724391 (8)
1. Corporation Name
HOWARD DRIVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
8420 S W 140 ST MIAMI FL 33158 **8420 S W 140 ST MIAMI FL 33158**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

POORMAN
POORMAN, JOHN
8420 SW 140 ST.
MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/20/1972** 3a. Date of Last Report **07/08/1994**
4. FEI Number **59-2350499** 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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAGE, THOMAS E
STREET ADDRESS	14011 S W 85 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	POORMAN, PAULA
STREET ADDRESS	8420 S W 140TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	PTD
NAME	POORMAN, JOHN
STREET ADDRESS	8420 S W 140TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	SIRGANY, YVONNE
STREET ADDRESS	8460 SW 140TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GRIGSBY, LORRAINE
STREET ADDRESS	8421 S.W. 140 ST.
CITY - ST - ZIP	MIAMI FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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 addressee.

SIGNATURE:

John Poorman *President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/95 *305 8834040*
Date Daytime/Evening #

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**