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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **732730** (7)

1. Corporation Name

LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% CHARLES M HARTZ
4800 LEJEUNE RD.
CORAL GABLES FL 33146

% CHARLES M HARTZ
4800 LEJEUNE RD.
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
05/09/1975

3a. Date of Last Report
02/28/1995

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

HARTZ, CHARLES M
7040 BALIA VISTA BLVD
CORAL GABLES FL 33143

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

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 ☐ DELETE

NAME
P
ATWELL, TOM
STREET ADDRESS
ROUTE 4, BOX 4600
CITY-ST-ZIP
MONTICELLO FL

TITLE ☐ DELETE

NAME
VP
HODGES, JAMES H JR.
STREET ADDRESS
ROUTE 4, BOX 4574
CITY-ST-ZIP
MONTICELLO FL

TITLE ☐ DELETE

NAME
S
ATWELL, TERRI
STREET ADDRESS
ROUTE 4, BOX 4600
CITY-ST-ZIP
MONTICELLO FL

TITLE ☐ DELETE

NAME
T
HODGES, BETTY
STREET ADDRESS
ROUTE 4, BOX 4574
CITY-ST-ZIP
MONTICELLO FL

TITLE ☐ DELETE

NAME
T
LAWSON, ANN
STREET ADDRESS
3881 MACKS ROAD
CITY-ST-ZIP
CENTURY FL

TITLE ☐ DELETE

NAME
T
SWENSEN, MERELYN
STREET ADDRESS
RT 4, BOX 4562
CITY-ST-ZIP
MONTICELLO FL

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Betty L. Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty L. Hodges

4-19-96
Date

904-997-5716
Daytime Phone #

CR2E037 (12/95)