


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 33146-1819

3. Date Incorporated or Qualified
05/09/1975

3a. Date of Last Report
04/24/1996

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

29 30

4. FEI Number
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

| | | |
|----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | ATWELL, TOM | |
| STREET ADDRESS | ROUTE 4, BOX 4600 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HODGES, JAMES H JR. | |
| STREET ADDRESS | ROUTE 4, BOX 4574 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ATWELL, TERRI | |
| STREET ADDRESS | ROUTE 4, BOX 4600 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | HODGES, BETTY | |
| STREET ADDRESS | RT 5 BOX 5785 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LAWSON, ANN | |
| STREET ADDRESS | 3881 MACKS ROAD | |
| CITY-ST-ZIP | CENTURY FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SWENSEN, MERELYN | |
| STREET ADDRESS | RT 4, BOX 4562 | |
| CITY-ST-ZIP | MONTICELLO FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GARY Hodges | |
| 1.3 STREET ADDRESS | RT 5 BOX 5785 | |
| 1.4 CITY-ST-ZIP | MONTICELLO, FL 32344 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | RT 5 BOX 5785 | |
| 4.4 CITY-ST-ZIP | MONTICELLO, FL 32344 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4-10-97

904-997-5716

Date

Daytime Phone # 0030424

CR2E037 (9/96)