

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 # **739026**

(3)

1. Corporation Name

SJC HOME ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**10470 SPRING HILL DR
SPRING HILL FL 34608**

**10470 SPRING HILL DR
SPRING HILL FL 34608**

3. Date Incorporated or Qualified
05/12/1977

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2620289

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

24

25

29

30

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

**LANNEN, RICHARD
12439 SPREADING OAK DR
SPRINGHILL FL 34609**

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 ☐ DELETE

NAME **P LANNEN, RICHARD**
STREET ADDRESS **12439 SPREADING OAK DR**
CITY- ST- ZIP **SPRINGHILL FL**

TITLE ☐ DELETE

NAME **V PIETRZYK, WLATER**
STREET ADDRESS **2391 GODFREY AVE**
CITY- ST- ZIP **SPRINGHILL FL**

TITLE ☐ DELETE

NAME **T MCGRATH, DENNIS**
STREET ADDRESS **11107 MARQUETTE ST**
CITY- ST- ZIP **SPRINGHILL FL**

TITLE ☐ DELETE

NAME **S MYERS, GARY**
STREET ADDRESS **5140 JULIET CT**
CITY- ST- ZIP **SPRINGHILL FL**

TITLE ☐ DELETE

NAME **D REGAN, JESSE**
STREET ADDRESS **3416 DOTHAN AVE**
CITY- ST- ZIP **SPRINGHILL FL**

TITLE ☒ DELETE

NAME **D BISSELL, GEORGE**
STREET ADDRESS **1970 LANDOVER BLVD**
CITY- ST- ZIP **SPRINGHILL FL**

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

D. TRETTER MAURICE
9669 HORIZAN DR.
SPRINGHILL FL 34608

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:

Richard J. Lannen

Richard J. Lannen 1/25/96 (352) 683-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)