2-15-95 B-1243-C

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:11

DOCUMENT # 747579 (1)

1. Corporation Name
ESCONDIDO COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ESCONDIDO CLUBHOUSE ALTAMONTE SPRINGS FL 32701-5079	ESCONDIDO CLUBHOUSE ALTAMONTE SPRINGS FL 32701-5079

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1979
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2018066 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ADMIRAL MANAGEMENT INC
2180 W STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 Pierre Fraser
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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BENNIS, ROBERT	1.2 NAME	Fraser, Dick
STREET ADDRESS	29 ESCONDIDO	1.3 STREET ADDRESS	101 Hattaway Dr Unit 104
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Altamonte Springs Fla 32701
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	SUSSMAN, MIRAM	2.2 NAME	Kotowski, Cathy
STREET ADDRESS	34 ESCONDIDO	2.3 STREET ADDRESS	101 Hattaway Dr. Unit 77
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	2.4 CITY-ST-ZIP	Altamonte Springs, Fla. 32701
TITLE	TD	3.1 TITLE	T/S ☒ Change ☐ Addition
NAME	FRAASA, BILL	3.2 NAME	Fraasa, Bill
STREET ADDRESS	229 ESCONDIDO	3.3 STREET ADDRESS	101 Hattaway Dr Unit 229
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	3.4 CITY-ST-ZIP	Altamonte Springs, Fl. 32701
TITLE	SD	4.1 TITLE	D ☒ Change ☐ Addition
NAME	LORBER, ALINE	4.2 NAME	Pozefsky, Al
STREET ADDRESS	40 EXCONDIDO	4.3 STREET ADDRESS	101 Hattaway Dr. Unit 284
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	Altamonte Springs, Fl 32701
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	WISE, EVELYN	5.2 NAME	Brugh, Kathy
STREET ADDRESS	97 EXCONDIDO	5.3 STREET ADDRESS	101 Hattaway Dr Unit 189
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: William Fraasa 2-2-95 407-339-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030406