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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: **06/11/1979**
3a. Date of Last Report: **04/15/1996**

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

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

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

9. Name and Address of Current Registered Agent

~~POZEFSKY, AL~~
~~101 HATTAWAY DR~~
~~ALTAMONTE SPRINGS FL 32701~~

10. Name and Address of New Registered Agent

81 Name: STANLEY CLARKE
82 Street Address (P.O. Box Number is Not Acceptable): 8 ESCONDIDO CIRCLE #20
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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 _____ 2/18/97 PRESIDENT
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	☐ DELETE	1.1 TITLE	VPD	☑ Change ☐ Addition
NAME	POZEFSKY, AL		1.2 NAME		
STREET ADDRESS	17 ESCONDIDO CIR #238		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	SCY	☐ Change ☑ Addition
NAME	KOTOWSKI, KATHY		2.2 NAME	VERONICA SMITH	
STREET ADDRESS	8 ESCONDIDO CIR #77		2.3 STREET ADDRESS	9 ESCONDIDO CIRCLE #74	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOCOCK, PAULINE		3.2 NAME		
STREET ADDRESS	8 ESCONDIDO CIR #76		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KASTNER, DON		4.2 NAME		
STREET ADDRESS	8 ESCONDIDO CIR #56		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	TITEN, JACK		5.2 NAME	SAME	
STREET ADDRESS	8 ESCONDIDO CIR #66		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	PD	☑ Change ☐ Addition
NAME	CLARKE, STANLEY		6.2 NAME	SAME	
STREET ADDRESS	8 ESCONDIDO CIR #20		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: SIGNATURE REQUIRED 2/18/97 (407) 339-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077720