D17-95 -S-1233-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

130 W
C LG

FILED
95 FEB 17 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749061 (8)

1. Corporation Name
FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P. O. BOX 81 MCALPIN FL 32062 US	P. O. BOX 81 MCALPIN FL 32062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1979
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2542409 ☐ 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 P O BOX 81	26 P. O. BOX 81
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MC ALPIN FL	28 City & State: MC ALPIN FL
24 Zip: 32062 25 Country: US	29 Zip: 32062 30 Country: US

9. Name and Address of Current Registered Agent

STURTEVANT, JAMES
RT 1 BOX 149
10
MCALPIN FL 32062

10. Name and Address of New Registered Agent

81 Name: CEPPA, EDWARD
82 Street Address (P.O. Box Number is Not Acceptable): RT 1, BOX 156
83
84 City: MC ALPIN FL 85 Zip Code: 32062

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: _____ EDWARD L. CEPPA, TREASURER/D 9 FEB 1995
(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	P/D	☒ Change ☐ Addition
NAME	BROWN, ROBERT	1.2 NAME	STURTEVANT, JAMES	
STREET ADDRESS	ROUTE 1 BOX 164	1.3 STREET ADDRESS	RT 1 BOX 149	
CITY-ST-ZIP	MCALPIN FL	1.4 CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CAPPA, EDWARD	2.2 NAME	MITCHELL, LOIS	
STREET ADDRESS	ROUTE 1 BOX 156	2.3 STREET ADDRESS	RT 1 BOX 100	
CITY-ST-ZIP	MCALPIN FL	2.4 CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	SD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	FICKLING, PENNIE	3.2 NAME	MACFARLANE, LUCIA	
STREET ADDRESS	ROUTE 1 BOX 163-5	3.3 STREET ADDRESS	RT 1 BOX 280	
CITY-ST-ZIP	MCALPIN FL	3.4 CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CARR, TRUMAN	4.2 NAME	FICKLING, PENNIE	
STREET ADDRESS	ROUTE 1 BOX 165	4.3 STREET ADDRESS	RT 1 BOX 163-5	
CITY-ST-ZIP	MCALPIN FL	4.4 CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MACFARLANE, JAMES	5.2 NAME	BROWN, ROBERT	
STREET ADDRESS	ROUTE 1 BOX 280	5.3 STREET ADDRESS	RT 1 BOX 164	
CITY-ST-ZIP	MCALPIN FL	5.4 CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	TD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	STURTEVANT, JAMES	6.2 NAME	BUSWELL, MACK	
STREET ADDRESS	RT. 1, BOX 149	6.3 STREET ADDRESS	RT 1 BOX 167	
CITY-ST-ZIP	MCALPIN FL	6.4 CITY-ST-ZIP	MC ALPIN FL 32062	

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: EDWARD L. CEPPA, TREASURER 904-963-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
9 FEB 1995

0021008