

# 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 # **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

3. Date Incorporated or Qualified  
**09/25/1979**

3a. Date of Last Report  
**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 81**

26 **P.O. Box 81**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Mc ALPIN FL**

28 **Mc ALPIN FL**

24 Zip **32062** 25 Country **USA**

29 Zip **32062** 30 Country **USA**

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**

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

CEPPA, EDWARD  
RT 1 BOX 156  
IO  
MCALPIN FL 32062

81 Name **EDWARD L. CEPPA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**RR#1 Box 156**  
83 **Mc ALPIN** **32062**  
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 **EDWARD L. CEPPA** DATE **2-FEB-96**

Signature typed or printed name of registered agent and office address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STURTEVANT, JAMES	
STREET ADDRESS	RT 1 BOX 149	
CITY-ST-ZIP	MCALPIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MITCHELL, LOIS	
STREET ADDRESS	RT 1 BOX 100	
CITY-ST-ZIP	MCALPIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MACFARLANE, LUCIA	
STREET ADDRESS	RT 1 BOX 280	
CITY-ST-ZIP	MCALPIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FICKLING, PENNIE	
STREET ADDRESS	RT 1 BOX 163-5	
CITY-ST-ZIP	MCALPIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	RT 1 BOX 164	
CITY-ST-ZIP	MCALPIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUSWELL, MACK	
STREET ADDRESS	RT 1 BOX 167	
CITY-ST-ZIP	MCALPIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(TREASURER)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD L. CEPPA	
1.3 STREET ADDRESS	RR#1 BOX 156	
1.4 CITY-ST-ZIP	MC ALPIN FL 32062	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ROBERT LAUNT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RR#1 Box 177	
5.3 STREET ADDRESS	MCALPIN FL 32062	
5.4 CITY-ST-ZIP		
6.1 TITLE	HAROLD H. MACURDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RR#1 Box 158	
6.3 STREET ADDRESS	MCALPIN FL 32062	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD L. CEPPA**

2-10-96

904-963-4545

CR2E037 (12/95)