

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752097

(6)

1. Corporation Name

TAVARES HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

756 MARINA LANE
TAVARES FL 32778-0827

756 MARINA LANE
TAVARES FL 32778-0827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1980

3a. Date of Last Report

04/13/1994

4. FBI Number

59-1980287

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINKOFF, SANFORD A.
226 W ALFRED ST
TAVARES FL 32778

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 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

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	D
NAME	SMITH, NORRIS
STREET ADDRESS	440 MARINA LANE
CITY - ST - ZIP	TAVARES, FLORIDA 00000
TITLE	D
NAME	FULL, WILLIAM
STREET ADDRESS	464 MARINA LANE
CITY - ST - ZIP	TAVARES FL
TITLE	D
NAME	HARVEY, JACKIE
STREET ADDRESS	616 MARINA LANE
CITY - ST - ZIP	TAVARES FL
TITLE	D
NAME	KELLEY, CLIFTON
STREET ADDRESS	681 SINCLAIR CIR.
CITY - ST - ZIP	TAVARES FL
TITLE	D
NAME	WATERS, ALBERT
STREET ADDRESS	436 SINCLAIR CIRCLE
CITY - ST - ZIP	TAVARES, FLORIDA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	Richard Young
4.3 STREET ADDRESS	411 Sinclair Cir.
4.4 CITY - ST - ZIP	TAVARES, FL
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	

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 110.07(3)(b), 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 817, 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 FILING OFFICER OR DIRECTOR

DATE

(911) 943-6353

Richard A. Brown Albert Waters 3/24/95