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May 20 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 # **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 32778-3845

3. Date Incorporated or Qualified: 04/18/1980
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1980287 ☑ 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

MCDANIEL, MARY
226 W ALFRED ST
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name: Charles Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 907 Webster ST.
83
84 City: Leesburg Fl
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 _____ 5-7-97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, NORRIS		1.2 NAME		
STREET ADDRESS	440 MARINA LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FLORIDA 00000		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME	COOK, PAUL		2.2 NAME	Mollie Kramm	
STREET ADDRESS	581 SINCLAIR CIRCLE		2.3 STREET ADDRESS	748 MARINA LANE	
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, JACKIE		3.2 NAME		
STREET ADDRESS	616 MARINA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	KING, HERBERT		4.2 NAME	John LeVesconte	
STREET ADDRESS	637 SINCLAIR CIRCLE		4.3 STREET ADDRESS	559 Sinclair Circle	
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP	TAVARES FL. 32778-	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEMKE, HARRY		5.2 NAME		
STREET ADDRESS	517 MARINA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Ch.	☒ Change ☐ Addition
NAME	WELLING, DONALD		6.2 NAME		
STREET ADDRESS	588 MARINA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		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 _____ Pres. 352 343 4284