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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 752229 (5)**

1. Corporation Name  
**V.F.W. POST NO. 3227, HOME ASSOCIATION**

Principal Place of Business Mailing Address  
**915 NEW YORK AVE ST CLOUD FL 34769-3361**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/29/1980</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1861954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suits, Apt. #, etc.	26. Mailing Address Suits, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**WALLIMANN, ROBERT  
6460 APPLE ST.  
ST. CLOUD FL 34771**

10. Name and Address of New Registered Agent

81. Name <b>ANTHONY P. CIANCIOTTA</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1117 MONROE AVE.</b>
83. City <b>ST. CLOUD, FL</b>
85. Zip Code <b>34769</b>

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 officer 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 *Anthony P. Cianciotta* DATE **4/22/95**  
(Signature, typed or printed name of registered agent and if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>COCHRAN, PARVELL</b>
STREET ADDRESS <b>1050 E. LAKESHORE BLVD.</b>	CITY - ST - ZIP <b>KISSIMMEE FL</b>
TITLE <b>VD</b>	NAME <b>MCMICHAEL, GEORGE III</b>
STREET ADDRESS <b>7220 BRIDLE PATH</b>	CITY - ST - ZIP <b>ST. CLOUD FL</b>
TITLE <b>TD</b>	NAME <b>WALLIMANN, ROBERT</b>
STREET ADDRESS <b>6460 APPLE ST.</b>	CITY - ST - ZIP <b>ST. CLOUD FL</b>
TITLE <b>VD</b>	NAME <b>STURGEON, GEORGE</b>
STREET ADDRESS <b>1616 MARYLAND AVE.</b>	CITY - ST - ZIP <b>ST. CLOUD FL</b>
TITLE <b>CD</b>	NAME <b>SWANSON, CHARLES</b>
STREET ADDRESS <b>2670 ANN AVENUE</b>	CITY - ST - ZIP <b>KISSIMMEE FL</b>
TITLE <b>SD</b>	NAME <b>EVERSOLE, RICHARD</b>
STREET ADDRESS <b>1623 CAROLINA AVE.</b>	CITY - ST - ZIP <b>ST. CLOUD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P</b>	1.2 NAME <b>ANTHONY P. CIANCIOTTA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>1117 MONROE AVE.</b>	1.4 CITY - ST - ZIP <b>ST. CLOUD, FL. 34769</b>	
2.1 TITLE <b>VP</b>	2.2 NAME <b>GEORGE STURGEON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>1616 MARYLAND AVE.</b>	2.4 CITY - ST - ZIP <b>ST. CLOUD, FL. 34769</b>	
3.1 TITLE <b>T</b>	3.2 NAME <b>FRANK S. MAZZEI</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>300 LAPAZ DR.</b>	3.4 CITY - ST - ZIP <b>KISSIMMEE, FL. 34743</b>	
4.1 TITLE <b>D</b>	4.2 NAME <b>JOSEPH ANDERSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>1001 WALNUT ST.</b>	4.4 CITY - ST - ZIP <b>ST. CLOUD, FL. 34769</b>	
5.1 TITLE <b>CD</b>	5.2 NAME <b>CHARLES SWANSON</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <b>2670 ANN AVE.</b>	5.4 CITY - ST - ZIP <b>KISSIMMEE, FL. 34744</b>	
6.1 TITLE <b>S</b>	6.2 NAME <b>ROE GOLDSMITH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS <b>5620-36 LAKE LIZZI</b>	6.4 CITY - ST - ZIP <b>ST. CLOUD, FL. 34771</b>	

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)(4), 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: **FRANK S. MAZZEI** *Frank S. Mazzei* DATE: **MAY 21, 1995** *407-348-5817*  
(Signature and typed or printed name of signing officer or director) (Date) (Phone Number)