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

APPROVED AND FILED
'95 APR 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753513 (1)

1. Corporation Name
SEQUOIA PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12805 PECONIC CT. WEST PALM BEACH FL 33414-5575	12805 PECONIC CT. WEST PALM BEACH FL 33414-5575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1980
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2234579 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KURTZ, JOHN D.
388 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	RIVERA, ABIGAIL	12 NAME	JOHN KURTZ	
STREET ADDRESS	12805 PECONIC CT.	13 STREET ADDRESS	388 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	ROGERS, BRIAN	22 NAME	JOSEPH SCHMIDT	
STREET ADDRESS	12814 PECONIC CT.	23 STREET ADDRESS	12817 PECONIC CT	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	RIVERA, VICTOR	32 NAME	DIANNE CHAPMAN	
STREET ADDRESS	12805 PECONIC CT.	33 STREET ADDRESS	12813 PECONIC CT	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		41 TITLE	SD	☒ Change ☐ Addition
NAME		42 NAME	JAMES M REID	
STREET ADDRESS		43 STREET ADDRESS	327 ISLAND SHORES DR	
CITY-ST-ZIP		44 CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		51 TITLE	AND VP D	☒ Change ☐ Addition
NAME		52 NAME	DANA BOYD	
STREET ADDRESS		53 STREET ADDRESS	12801 PECONIC CT	
CITY-ST-ZIP		54 CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		61 TITLE		☒ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 4-8-95 407 684-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011493