

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 753513 (1)**

1. Corporation Name

**SEQUOIA PARK HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

**12805 PECONIC CT.  
WEST PALM BEACH FL 33414-5575**

Mailing Address

**12805 PECONIC CT.  
WEST PALM BEACH FL 33414-5575**



3. Date Incorporated or Qualified

**07/28/1980**

3a. Date of Last Report

**04/17/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **KURTZ, JOHN**  
STREET ADDRESS **388 S MILITARY TRAIL**  
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **VPD** ☐ DELETE

NAME **SCHMIDT, JOSEPH**  
STREET ADDRESS **12817 PECONIC CT**  
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ DELETE

NAME **CHAPMAN, DIANNE**  
STREET ADDRESS **12813 DECONIC CT**  
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **SD** ☐ DELETE

NAME **REID, JAMES M**  
STREET ADDRESS **327 ISLAND SHORE DR**  
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **SVPD** ☐ DELETE

NAME **BOYD, DANA**  
STREET ADDRESS **12801 PECONIC CT**  
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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

**2/29/96 407-684-0550**

Date

Display Phone #

CR2E037 (12/95)