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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

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SECRETARY OF STATE
DIV OF CORPORATIONS
95 MAY -1 PM 1:01

DOCUMENT # 755836 (4)

1. Corporate Name

ESCONDIDA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6740 ESCONDIDA DR. W PALM BCH FL 33406 US	6740 ESCONDIDA DR W PALM BCH FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1981
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2082379 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6745 Escondida DR	26 6745 Escondida DR
Suite, Apt. # etc. 22 W Palm Bch FL	Suite, Apt. # etc. 27 WPB, FL ?
City & State 23 33406 - 5214	City & State 28 33406 - 5214
Zip 24 / Country 25 USA	Zip 29 / Country 30 USA

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
BERRY, EUGENE R. 6740 ESCONDIDA DR. W PALM BCH FL 33406	81 Name: JOANNE Hamilton 82 Street Address (P.O. Box Number is Not Acceptable): 6745 Escondida DR 83 84 City: W. Palm Bch FL 85 Zip Code: 33406

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] Joanne Hamilton — Date: 5-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	LANSAW, ESTHER	12 NAME	James Dobay
STREET ADDRESS	6760 ESCONDIDA DR.	13 STREET ADDRESS	6720 Escondida DR
CITY-ST-ZIP	W PALM BCH, FL 00000	14 CITY-ST-ZIP	WPB, FL 33406
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	TOMEI, EDGAR	22 NAME	Leonides Suarez
STREET ADDRESS	6780 ESCONDIDA DR.	23 STREET ADDRESS	6725 Escondida DR
CITY-ST-ZIP	W PALM BCH, FL 00000	24 CITY-ST-ZIP	WPB, FL 33406
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	BUENDEL, CHRISTINE	32 NAME	Maribel Aguair
STREET ADDRESS	6725 ESCONDIDA DR.	33 STREET ADDRESS	6700 Escondida DR
CITY-ST-ZIP	W PALM BCH, FL 00000	34 CITY-ST-ZIP	WPB, FL 33406
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	BERRY, EUGENE R.	42 NAME	Joanne Hamilton
STREET ADDRESS	6740 ESCONDIDA DR.	43 STREET ADDRESS	6745 Escondida DR
CITY-ST-ZIP	W PALM BCH, FL 00000	44 CITY-ST-ZIP	WPB, FL 33406
TITLE	VD	51 TITLE	☒ Change ☐ Addition
NAME	HELD, ESTHER	52 NAME	
STREET ADDRESS	6760 ESCONDIDA DR.	53 STREET ADDRESS	← OMIT
CITY-ST-ZIP	W PALM BCH, FL	54 CITY-ST-ZIP	
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)(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] James P Dobay — 4-25-95 — 407-964-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048041