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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 761408 (4)

1. Corporation Name

RESTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT. 3 BOX 4500 RESTON HAVANA FL 32333-9555	RT. 3 BOX 4500 RESTON HAVANA FL 32333-9555

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1982
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2105431 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

MOSLER, D'ANN
RT. 3, BOX 3932 RESTON
HAVANA FL 32333-9555

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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FEEZEL, RICHARD	1.2 NAME	RON McCandle	
STREET ADDRESS	RTE 3 BOX 3944	1.3 STREET ADDRESS	Rt. 3 Box 4067	
CITY-ST-ZIP	HAVANA, FL 00000	1.4 CITY-ST-ZIP	Havana, FL 32333	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE, ROBERT	2.2 NAME		
STREET ADDRESS	RTE 3 BOX 3800	2.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JUFER, JOYCE	3.2 NAME	Margit Randle	
STREET ADDRESS	RTE 3 BOX 4098	3.3 STREET ADDRESS	Rt. 3 Box 3923	
CITY-ST-ZIP	HAVANA, FL 00000	3.4 CITY-ST-ZIP	Havana, FL 32333	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	LEWIS, SHEILA	4.2 NAME	Joanne Cox	
STREET ADDRESS	RT. 3 BOX 4082	4.3 STREET ADDRESS	Rt. 3 Box 3808	
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	Havana, FL 32333	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Joanne Cox Joanne Cox 2/28/95 904-535-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026040