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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

763020 DOCUMENT #

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9481 ROAN LANE APARTMENTS OWNERS' ASSOCIATION, I NC.

Principal Place of Business Mailing Address 1748 AUSTRALIAN AVE. 1748 AUSTRALIAN AVE. RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 Date Incorporated or Qualified 04/27/1982 3a. Date of Last Report 03/29/1995 2. Principal Place of Business 4. FE! Number 65-0029022 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country Zio 8. This corporation has liability for intangible tax under s. 199,032, 24 25 Yes M No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HEMBREE, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 82 1748 AUSTRALIAN AVE. RIMERA BEACH FL 33404 83 84 City 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 title if an incable (NOTE: Registered Agent signature required when relistating) (12/95)12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD TiTu€ DELETE 1 1 TITLE Change [] Addition HEMBREE, JOHN E. 1.2 NAME CR2E037 1748 AUSTRALIAN AVE. STREE! ADDRESS 1.3 STREET ADDRESS RIVIERA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ■ Addition Change 21 TITLE HEMBREE, BETTY A. NAME 22 NAME **5159 CENTER STREET** STREET ADDRESS 2 3 STREET ADDRESS JUPITER FL CITY - ST - ZIP 2 4 CITY ST-ZIP DELETE TITLE 3.1 TITLE Addition HEMBREE, JOHN E. JR. NAME 3.2 NAME 5159 CENTER STREET STREET ADORESS 3.3 STREET ADDRESS JUPITER FL CITY-ST ZIP 34 CHTY-ST-ZIP DELETE TITLE 41 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6 4 CITY - S1 - 2IP 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 eath; 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

SIGNATURE:

Char Constitute To HA F. HEMBREE 2-7-96 407-540-8999
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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appears in Block 12 or Blogk 13 if changed, or on an attachment with an address