

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR -4- AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # 767189 (4)**  
1. Corporation Name  
**OLD MILL RUN HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**29016 OLD MILL RD TAVARES FL 32778** **29016 OLD MILL RD TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1983** 3a. Date of Last Report **04/25/1994**

4. FEI Number **58-2530439** 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 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CROAK, MICHAEL A  
14229 US HWY 441  
TAVARES FL 32778**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restoring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BRINKMAN, DENNIS</b>
STREET ADDRESS	<b>29205 OLD MILL E. RD.</b>
CITY - ST - ZIP	<b>TAVARES FL</b>
TITLE	<b>VP</b>
NAME	<b>MILLER, LARRY</b>
STREET ADDRESS	<b>29223 OLD MILL ROAD E</b>
CITY - ST - ZIP	<b>TAVARES FL</b>
TITLE	<b>S</b>
NAME	<b>EDENFIELD, GLADYS</b>
STREET ADDRESS	<b>607 W. Ocala ST.</b>
CITY - ST - ZIP	<b>UNATILLA FL</b>
TITLE	<b>T</b>
NAME	<b>HRZYCK, MARGOT</b>
STREET ADDRESS	<b>15241 WILLOW LANE</b>
CITY - ST - ZIP	<b>TAVARES FL</b>
TITLE	<b>D</b>
NAME	<b>DELOACH, JONATHAN</b>
STREET ADDRESS	<b>15223 WILLOW LANE</b>
CITY - ST - ZIP	<b>TAVARES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D JAMES E. BARKER JR</b>
5.3 STREET ADDRESS	<b>29206 OLD MILL WEST</b>
5.4 CITY - ST - ZIP	<b>TAVARES, FLA. 32778</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of this report, or on an attachment with an address.

SIGNATURE: *Dennis Brinkman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR