

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 04/04/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2530439	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROAK, MICHAEL A
14229 US HWY 441
TAVARES FL 32778

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINKMAN, DENNIS <input checked="" type="checkbox"/> DELETE	1.2 NAME	BATSON, DAVID
STREET ADDRESS	29205 OLD MILL E. RD.	1.3 STREET ADDRESS	29142 OLD MILL WEST
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VP	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, LARRY <input checked="" type="checkbox"/> DELETE	2.2 NAME	OLDS, MARYLYNN
STREET ADDRESS	29223 OLD MILL ROAD E	2.3 STREET ADDRESS	29319 OLD MILL EAST
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	S	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDENFIELD, GLADYS <input checked="" type="checkbox"/> DELETE	3.2 NAME	BARBOUR, SHARON
STREET ADDRESS	607 W. Ocala St.	3.3 STREET ADDRESS	15015 MILL POND RD.
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	TAVARES, FL. 32778
TITLE	T	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HRYCYK, MARGOT <input checked="" type="checkbox"/> DELETE	4.2 NAME	REEVES, HAL
STREET ADDRESS	15241 WILLOW LANE	4.3 STREET ADDRESS	15026 MILL POND RD
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D	5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, JAMES E JR. <input type="checkbox"/> DELETE	5.2 NAME	BARKER, JAMES E JR
STREET ADDRESS	29206 OLD MILL WEST	5.3 STREET ADDRESS	29206 OLD MILL WEST
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96
Date

Daytime Phone #

CR2E037 (12/95)