

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-17-96 B- 3806 (4) C

DOCUMENT # 767486

1. Corporation Name

LITHIA OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3007 WISTER CIRCLE  
VALRICO FL 33594

3007 WISTER CIRCLE  
VALRICO FL 33594

3. Date Incorporated or Qualified

03/15/1983

3a. Date of Last Report

05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2951165

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

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

ROBINSON, CAROL  
3007 WISTER CIRCLE  
VALRICO FL 33594

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	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, ROBERT	
STREET ADDRESS	3007 WISTER CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLCOMBE, J. MARIE	
STREET ADDRESS	3005 WISTER CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, JOY	
STREET ADDRESS	2103 DOEFIELD COURT	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNZEKER, ED	
STREET ADDRESS	3017 WILTON LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROAT, DICK	
STREET ADDRESS	3020 WISTER CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROAT, JOAN	
STREET ADDRESS	3020 WISTER CIRCLE	
CITY-ST-ZIP	VALRICO FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE:

*J. Marie Holcombe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

Daytime Phone #

CR2E037 (12/95)