

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:08

DOCUMENT # 769838 (4)

1. Corporation Name

ALTAMONTE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOE POTTS
681 N. GLENN DR.
ALTAMONTE SPGS. FL 32701

C/O JOE POTTS
681 N. GLENN DR.
ALTAMONTE SPGS. FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1983

3a. Date of Last Report

06/06/1994

4. FEI Number

59-2349189

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.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTS, WALTER J.
681 N. GLENN DR.
ALTAMONTE SPGS. FL 32701-9736

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	HOFFMAN, STEVEN N
STREET ADDRESS	877 N GLENN DR
CITY - ST - ZIP	ALTAMONTE SPGS. FL
TITLE	SD
NAME	HALLDIN, KATHY
STREET ADDRESS	877 GREYWOOD DR
CITY - ST - ZIP	ALTAMONTE SPGS. FL
TITLE	MD
NAME	FLEMING, LARRY
STREET ADDRESS	879 N GLENN DR
CITY - ST - ZIP	ORLANDO FL
TITLE	MD
NAME	DANIELS, KIM
STREET ADDRESS	871 N GLENN DR
CITY - ST - ZIP	ALTAMONTE SPGS. FL
TITLE	P
NAME	POTTS, WALTER J.
STREET ADDRESS	818 N GLENN DR
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Steven Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number 4)

4-6-95 (4) 769838-7191