FILE NOW: FILING FEE (\$ \$61.25)

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 769838

(4)

ΛI	TAMONTE	UVKG	HOMEOWNERS'	ACCULIATION .	INIC
r.		UANO	I ICHIEL CATALIAE DO	ACCUMINATION.	HWL).

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Principal Place	of Business	Mailing Address								
C/O JOE POT 681 N. GLENN ALTAMONTE S	DR.	C/O JOE POTTS 681 N. GLENN DR. ALTAMONTE SPGS. FL 32701								
	. ••••					3. Date Incorporated or Qualified 08/15/1983	3a. Date o 04/1	FLast F 1 2/19		
	ace of Business	2a. Mailing Address			4. FEI Number		\rightarrow	pplied For		
Suite, Apt.	H. ata	26 Suite Act Hiete			59-2349189			lot Applicable		
22		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi					
City & State	·	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Ziρ	Country	Zip	Country			8. This corporation has liability for in		der s.	199.032,	
24	25	29 30				Florida Statutes Yes No				
	9. Name and Address of Current	Hegistered Agent	8.	41	Name	10. Name and Address of New Re	egistered Age	nt		
DOTTO 1	(ALTER		6							
POTTS, V 681 N. Gi		82 Street		Street Addres	88 (P.O. Box Number is Not Acceptable	e)				
	ITE SPGS. FL 32701-9736		8	3		AT 1 1 AND 1				
			84	4	City		FL ⁸	5 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 _	Standier, hand or wicked people of conictored seeds a	nd fitta if appelicable MIOT	E: Englishand Aa	unt r	signature required w	Abo purchlori	DATE			
12.	Signature, typed or printed name of registered agent and title it applicable (NOT: Registere OFFICERS AND DIRECTORS 13.				signature required w	ADDITIONS/CHANGES TO OFFIC		F CTO	3S IN 12	
TITLE	T	DELETE	1 1 TITLE						Addition	
NAME	HOFFMAN, STEVEN N		1.2 NAME	Ε						
STREET ADDRESS	677 N GLENN DR		13 STREET ADDRESS		LDORESS					
CITY - ST - ZIP	ALTAMONTE SPGS. FL		1.4 CiTY-	ST-	- ZIP					
TITLE	SD	☐ DELETE	21 TITLE					ange	Addition	
NAME	HALLDIN, KATHY		2 2 NAME							
STREET ADDRESS	677 GREYWOOD DR		2 3 STREE	ET A.	JDDRESS					
CITY - ST - ZIP	ALTAMONTE SPGS. FL		2 4 CITY		- ZIP		<u> </u>		<u></u>	
TITLE	MD	D DELETE	31 TITLE					nange	Addition Addition	
NAME	FLEMING, LARRY		3.2 NAME							
STREET ADDRESS	679 N GLENN DR		33 STREET ADDRESS 34. CITY-SY-ZIP							
CITY - ST - ZIP TITLE	ORLANDO FL	MDELETE	34. CITY 41 TITLE		- ZIP		[][2006	[] Addition	
NAME			4 1 IIILE 4 2 NAM				ں رے	ungt	Addition	
STREET ADDRESS	671 N GLENN DR				HOODECC					
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TITLE	p	DELETE	5.4 CHY-		- 611			ange	Addition	
NAME	POTTS, WALTER J.		5.2 NAME				" لسيا			
STREET ADDRESS	618 N GLENN DR		5.3 STREE		LDORESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY							
TITLE		DELETE	6 1 TITLE				C	nange	Addition	
NAME			6.2 NAME	E	ļ					
STREET ADDRESS			63 STREE	ET A	IDORESS					
City-St-ZiP			6.4 CITY							
14. I do hereb	y certify that the information supplied w	th this filing is voluntarily furnis	shed and do	es	not qualify for	the exemption stated in Section 119.0)7(3)(k), Florida	Statute	s. I further	

certify that the information indicated of 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 comparation or the respective or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 of chapter 6 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 of chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute this report as required by Chapter 6 or trustee empowered to execute t

SIGNATURE/

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