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 # 769980 (4)

1. Corporation Name
HOMEOWNERS ASSOCIATION, INC. NEW YORK AREA

700001828717
-05/20/96--01033--007
*61.25

Principal Place of Business	Mailing Address
22197 NEW YORK AVE PT CHARLOTTE FL 33952 US	22197 NEW YORK AVE PT CHARLOTTE FL 33952 US

3. Date Incorporated or Qualified: 08/25/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 22184 ONEIDA AVE
Suite, Apt. #, etc. 22 PORT CHARLOTTE
City & State 23 FL.
Zip 24 33952 Country 25 CHARLOTTE

2a. Mailing Address
26 22184 ONEIDA AVE
Suite, Apt. #, etc. 27 PORT CHARLOTTE
City & State 28 FL
Zip 29 33952 Country 30 CHARLOTTE

4. FEI Number: 33-6146053 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COVERT, ROBERT
22197 NEW YORK AVE
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: TOM GRAVAGNA
82 Street Address (P.O. Box Number is Not Acceptable): 22192 ONEIDA AVE
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

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: Thomas A. Gravagna — DATE: 4/15/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COVERT, ROBERT	
STREET ADDRESS	22197 NEW YORK AVE	
CITY-ST-ZIP	PT.CHARLOTTE FL	
TITLE	VD	☐ DELETE
NAME	VALLILLO, RAY	
STREET ADDRESS	22425 GLEN AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	SD	☐ DELETE
NAME	VALLILLO, KATHERINE	
STREET ADDRESS	22425 GLEN AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	TD	☐ DELETE
NAME	LINGUSKY, LORRINE	
STREET ADDRESS	408 ONEIDA AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	D	☐ DELETE
NAME	COVERT, JANET	
STREET ADDRESS	22197 NEW YORK AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	☐ DELETE
NAME	ALLEN, DORIS	
STREET ADDRESS	457 KINGSTON	
CITY-ST-ZIP	PT. CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
1.2 NAME	TOM GRAVAGNA	
1.3 STREET ADDRESS	22192 ONEIDA AVE	
1.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	
2.1 TITLE	V. PRES	☑ Change ☐ Addition
2.2 NAME	ROY D LINGUSKY	
2.3 STREET ADDRESS	22184 ONEIDA AVE	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
3.1 TITLE	SECY	☐ Change ☐ Addition
3.2 NAME	DORIS BACHMANN	
3.3 STREET ADDRESS	22181 NEW YORK AVE	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	
4.1 TITLE	TREAS	☐ Change ☐ Addition
4.2 NAME	LORRINE P. LINGUSKY	
4.3 STREET ADDRESS	22184 ONEIDA AVE	
4.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	
5.1 TITLE	BOARD	☑ Change ☐ Addition
5.2 NAME	RITA GRAVAGNA	
5.3 STREET ADDRESS	22192 ONEIDA AVE	
5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
6.1 TITLE	BOARD	☑ Change ☐ Addition
6.2 NAME	NEIL THOMPSON	
6.3 STREET ADDRESS	22198 NEW YORK AVE	
6.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	

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: Tom Gravagna — Date: 4/15/96 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)