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

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

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

2. Principal Place of Business	2a. Mailing Address
21 22184 ONEIDA AVE	26 22184 ONEIDA AVE
Suite, Apt. #, etc. 22 PORT CHARLOTTE	Suite, Apt. #, etc. 27 PORT CHARLOTTE
City & State 23 FL.	City & State 28 FL
Zip 24 33952 Country 25 CHARLOTTE	Zip 29 33952 Country 30 CHARLOTTE

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COVERT, ROBERT 22197 NEW YORK AVE PT.CHARLOTTE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	✓ PRESIDENT TOM GRAVAGNA 22192 ONEIDA AVE PORT CHARLOTTE FL. 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALLILLO, RAY 22425 GLEN AVE PT. CHARLOTTE FL	☐ DELETE	2.1 TITLE V. PRES / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ROY D LINGUSKY 22184 ONEIDA AVE PORT CHARLOTTE, FL. 33952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VALLILLO, KATHERINE 22425 GLEN AVE PT. CHARLOTTE FL	☐ DELETE	3.1 TITLE SECY / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DORIS BACHMANN 22181 NEW YORK AVE PORT CHARLOTTE FL. 33952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LINGUSKY, LORRINE 408 ONEIDA AVE PT. CHARLOTTE FL	☐ DELETE	4.1 TITLE JAS / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	LORRINE P. LINGUSKY 22184 ONEIDA AVE PORT CHARLOTTE FL. 33952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COVERT, JANET 22197 NEW YORK AVE PORT CHARLOTTE FL	☐ DELETE	5.1 TITLE BOARD / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	RITA GRAVAGNA 22192 ONEIDA AVE PORT CHARLOTTE, FL 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, DORIS 457 KINGSTON PT. CHARLOTTE FL	☐ DELETE	6.1 TITLE BOARD / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	NEIL THOMPSON 22198 NEW YORK AVE PORT CHARLOTTE FL. 33952	☑ Change ☐ Addition 5.1

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

CR2E037 (12/95)