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 11 PM 9:47

DOCUMENT # 770137 (8)

1. Corporation Name
NORTHEAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 70303 OCALA FL 34470	P.O. BOX 70303 OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2445171 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GALLAGHER, TIM
3585 N.E. 43RD PLACE
OCALA FL 34479

10. Name and Address of New Registered Agent

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: TIM GALLAGHER Tim Gallagher 4-6-95
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	P	1.1 TITLE	PRES	☒ Change ☐ Addition
NAME	TATRO, FRED	1.2 NAME	JOHN PICKERING	
STREET ADDRESS	3585 NE 43RD PLACE	1.3 STREET ADDRESS	4865 NE 26TH. TERR.	
CITY-ST-ZIP	OCALA FL 34479	1.4 CITY-ST-ZIP	OCALA FL. 34479	
TITLE	V	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	PICKERING, JOHN	2.2 NAME	TIM GALLAGHER	
STREET ADDRESS	4865 NE 26TH TERR.	2.3 STREET ADDRESS	3580 N.E. 43RD. PLACE	
CITY-ST-ZIP	OCALA FL 34479	2.4 CITY-ST-ZIP	OCALA, FL. 34479	
TITLE	S	3.1 TITLE	SEC.	☒ Change ☐ Addition
NAME	GALLAGHER, TIM	3.2 NAME	JERRY NELSON	
STREET ADDRESS	3580 NE 43RD PL.	3.3 STREET ADDRESS	3660 NE. 17TH. AVE	
CITY-ST-ZIP	OCALA FL 34479	3.4 CITY-ST-ZIP	OCALA FL. 34479	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	NELSON, JERRY	4.2 NAME	ADEN KEELE	
STREET ADDRESS	3660 NE 17TH AVE.	4.3 STREET ADDRESS	4231 NE. 22ND. CT.	
CITY-ST-ZIP	OCALA FL 34479	4.4 CITY-ST-ZIP	OCALA FLORIDA	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KEELE, ADEN	5.2 NAME	DEWITT OBER	
STREET ADDRESS	4231 NE 22ND CT.	5.3 STREET ADDRESS	3400 NE. 43RD. PL.	
CITY-ST-ZIP	OCALA FL 34479	5.4 CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	OBER, DEWITT	6.2 NAME	FRED TATRO	
STREET ADDRESS	3400 N.E. 43RD PL	6.3 STREET ADDRESS	3585 NE. 43RD PLACE	
CITY-ST-ZIP	OCALA FL 34479	6.4 CITY-ST-ZIP	OCALA FL. 34479	

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)(i), 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 addition.

SIGNATURE: JOHN PICKERING John Pickering 4-6-95 904-867-8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000503