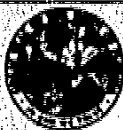


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 770137 (8)

1. Corporation Name

NORTHEAST HOMEOWNERS ASSOCIATION, INC.

95 APR 11 PM 9:47

Principal Place of Business

**P.O. BOX 70003
OCALA FL 34470**

Mailing Address

**P.O. BOX 70003
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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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**
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	TATRO, FRED
STREET ADDRESS	3585 NE 43RD PLACE
CITY - ST - ZIP	OCALA FL 34479
TITLE	V
NAME	PICKERING, JOHN
STREET ADDRESS	4865 NE 26TH TERR.
CITY - ST - ZIP	OCALA FL 34479
TITLE	S
NAME	GALLAGHER, TIM
STREET ADDRESS	3580 NE 43RD PL.
CITY - ST - ZIP	OCALA FL 34479
TITLE	D
NAME	NELSON, JERRY
STREET ADDRESS	3660 NE 17TH AVE.
CITY - ST - ZIP	OCALA FL 34479
TITLE	D
NAME	KEELE, ADEN
STREET ADDRESS	4231 NE 22ND CT.
CITY - ST - ZIP	OCALA FL 34479
TITLE	D
NAME	OBER, DEWITT
STREET ADDRESS	3400 N.E. 43RD PL
CITY - ST - ZIP	OCALA FL 34479

1.1 TITLE	PRES. JOHN PICKERING	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4865 NE 26TH TERR.	
1.4 CITY - ST - ZIP	OCALA FL. 34479	
2.1 TITLE	V.P. TIM GALLAGHER	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3580 N.E. 43RD. PLACE	
2.4 CITY - ST - ZIP	OCALA, FL. 34479	
3.1 TITLE	SEC. JERRY NELSON	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3660 NE. 17TH. AVE	
3.4 CITY - ST - ZIP	OCALA FL. 34479	
4.1 TITLE	D. ADEN KEELE	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	4231 NE. 22ND. CT.	
4.4 CITY - ST - ZIP	OCALA FLORIDA	
5.1 TITLE	D. DEWITT OBER	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	3400 NE. 43RD. PL.	
5.4 CITY - ST - ZIP	OCALA FL 34479	
6.1 TITLE	D. FRED TATRO	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	3585 N.E. 43RD PLACE	
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 110.07(3)(4), 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: **JOHN PICKERING**
Signature and typed or printed name of signing officer or director

4-6-95
Date

904-867-8379
Telephone Number