

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 # 770137 (8)

1. Corporation Name

NORTHEAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 70303  
OCALA FL 34470

Mailing Address

P.O. BOX 70303  
OCALA FL 34470



3. Date Incorporated or Qualified

08/11/1983

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2445171

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

10. Name and Address of New Registered Agent

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

81 Name

L. ABBATE PAOLO

82 Street Address (P.O. Box Number Is Not Acceptable)

2457 N.E. 46th PL.

83

84 City

OCALA

FL

85 Zip Code

34479

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

*John Pickering*

(NOTE: Registered Agent signature required when reinstating)

2/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PICKERING, JOHN  
STREET ADDRESS 4865 NE 26TH TERR  
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME VP GALLAGHER, TIM  
STREET ADDRESS 3580 NE 43RD PLANCE  
CITY-ST-ZIP Ocala FL

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME V.P. ABBATE PAOLO  
2.3 STREET ADDRESS 2457 N.E. 46th PL.  
2.4 CITY-ST-ZIP Ocala, Florida 34479

TITLE ☐ DELETE

NAME S NELSON, JERRY  
STREET ADDRESS 3660 NE 17TH AVE  
CITY-ST-ZIP Ocala FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D KEELE, ADEN  
STREET ADDRESS 4231 NE 22ND CT  
CITY-ST-ZIP Ocala FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME D OBER, DEWITT  
STREET ADDRESS 3400 EN 43RD PL  
CITY-ST-ZIP Ocala FL

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME TREASURER PAT SASSO  
5.3 STREET ADDRESS 3140 N.E. 49th ST.  
5.4 CITY-ST-ZIP Ocala, FLA. 34479

TITLE ☐ DELETE

NAME D TATRO, FRED  
STREET ADDRESS 3585 NE 43RD PLACE  
CITY-ST-ZIP Ocala FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: John Pickering - JOHN PICKERING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 904-867-8379

Date

Daytime Phone #

CR2E037 (12/95)