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NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # 770137

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MODTHEACT	HOMEOWNERS	MOLTALOGODA	IMO
NORTHEAST	HUMEUWNERS	ASSUCIATION.	ING.

NORTH	IEAST HOMEOWNERS AS	SOCIATION, INC.					
Principal Place	e of Business	Mailing Address				1881 61611 61611 61811 61611	i mimir miffit smal
P.O. BOX 703 OCALA FL 34		P.O. BOX 70303 OCALA FL 34470					
					3. Date Incorporated or Qualified 08/11/1983	3a. Date of Last 04/11/1	
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Cuita Ant	H -1-	26			59-2445171		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State)	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23 Zin	Constant	28	1 0.		Trust Fund Contribution	Adde	ed to Fees
Zip 24	Country 25	Zip 29	Count 30	iry	8. This corporation has liability for it		. 199.032,
E-7	9. Name and Address of Curr		1301	•	Florida Statutes 10. Name and Address of New Re	Yes No	
			6	1 Name		agratered Agent	
GALLAGI	HER TIM			III.	ABBATEPAOLO		
	. 43RD PLACE		6	2] Street Ad	ddress (P.O. Box Number Is Not Acceptabl	le)	
OCALA F			l _s	3	7 N.E. 46 B PL.		
CONDIT	2 04475			l			
			ē	4 OC	212	FI 85 3	o Code 4479
11. Pursuant t	to the provisions of Sections 617 05	02 and 617 1508 Florida Statut	tes the above	a-named corr	MLA	Deep of changing its	registered office
or register	ed agent, or both, in the State of Fig	orida. Such change was authoriz	zed by the co	rporation's b	poration submits this statement for the purposard of directors. I hereby accept the appo	pose of charging its in pintment as registered	d agent. I am
	in, a lo alcado trie boligations of, se	10001 617,0503, Florida Statutes	5.			1/101	
SIGNATURE _	- 1400a-1 6c	T NUDAN	•			ے کارزاز کے	
	Signature, typed or printed name of registered ap-	ent and title if applicable (NC	OTF: Begistered Ar	nent sinnature ren	ured when reinstation)	OLTE /	
12.	Signature, typed or printed name of registered ago OFFICERS A	ent and title if applicable. (NO NND DIRECTORS	OTE: Registered A	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12
12.	OFFICERS A				ured when reinslating) ADDITIONS/CHANGES TO OFFI		
	OFFICERS A P PICKERING, JOHN	ND DIRECTORS	13.			CERS AND DIRECTO	DRS IN 12
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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
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 904-867-8319 Date Dayline Phone #