FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G92758** **(3)**

1. Corporation Name

HASELTON VILLA HOME OWNERS, INC.

Principal Place of Business
~~18 SCARLET WAY~~
~~EUSTIS FL 32726~~
~~US~~

Mailing Address
~~18 SCARLET WAY~~
~~EUSTIS FL 32726~~
~~US~~

2. Principal Place of Business		2a. Mailing Address	
21	54 Lavender Ln.	26	54 Lavender Ln.
Suite, Apt. #, etc. 22	Eustis, Fl.	Suite, Apt. #, etc. 27	Eustis, Fl.
City & State 23	32726 Lake	City & State 28	32726 Lake
Zip 24		Country 25	
Zip 29		Country 30	

3. Date Incorporated or Qualified: 03/23/1984
3a. Date of Last Report: 03/31/1995
4. FEI Number: 59-2394056 ☐ 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

SCHIRMER, ROSEMARY R.
18 SCARLET WAY
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: Dunlap, James
82 Street Address (P.O. Box Number is Not Acceptable): 54 Lavender Lane
83: Eustis, Fl. 32726
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: A. James Dunlap — DATE: 2-3-96
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	P	☐ DELETE	1.1 TITLE: P	☐ Change ☐ Addition
NAME	RANZEN, RUTH		1.2 NAME: Balus, Arlene	
STREET ADDRESS	11 TURQUOISE WAY		1.3 STREET ADDRESS: 7 Jade St.	
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP: Eustis, Fl. 32726	
TITLE	VP	☐ DELETE	2.1 TITLE: VP	☐ Change ☐ Addition
NAME	BURHENN, EDWARD		2.2 NAME: Farnorotto, Mildred	
STREET ADDRESS	45 ROYAL DR		2.3 STREET ADDRESS: 9 Royal Drive	
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP: Eustis, Fl. 32726	
TITLE	S	☐ DELETE	3.1 TITLE: S	☐ Change ☐ Addition
NAME	SCHIRMER, ROSEMARY		3.2 NAME: Cady, William	
STREET ADDRESS	18 SCARLET WAY		3.3 STREET ADDRESS: 39 Turquoise Way	
CITY-ST-ZIP	EUTIS FL 32726		3.4 CITY-ST-ZIP: Eustis, Fl. 32726	
TITLE	T	☐ DELETE	4.1 TITLE: T D	☐ Change ☐ Addition
NAME	WOOD, HOMER		4.2 NAME: Dunlap, James	
STREET ADDRESS	8 ROYAL DR.		4.3 STREET ADDRESS: 54 Lavender Lane	
CITY-ST-ZIP	EUSTIS FL 32726		4.4 CITY-ST-ZIP: Eustis, Fl. 32726	
TITLE	TD	☐ DELETE	5.1 TITLE: D	☐ Change ☐ Addition
NAME	WOOD, HOMER		5.2 NAME: Murphy, Marie	
STREET ADDRESS	267 ROYAL DR		5.3 STREET ADDRESS: 3 Turquoise Way	
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP: Eustis, Fl. 32726	
TITLE	D	☐ DELETE	6.1 TITLE: D	☐ Change ☐ Addition
NAME	TRITCH, LOIS		6.2 NAME: Motyka, Ethel	
STREET ADDRESS	5 LAVENDER LN		6.3 STREET ADDRESS: 32 Opal Lane	
CITY-ST-ZIP	EUSTIS FL		6.4 CITY-ST-ZIP: Eustis, Fl. 32726	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. James Dunlap — 2-4-96 — 904-589-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #