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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90026 040 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G92758

1. Corporation Name
HASELTON VILLA HOME OWNERS, INC.

Principal Place of Business

11 ROYAL DRIVE
EUSTIS FL 32726
US

Mailing Address

11 ROYAL DRIVE
EUSTIS FL 32726
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **16 TURQUOISE WAY**

Suite, Apt. #, etc.

22

City & State

23 **EUSTIS FL**

Zip

24 **32726**

Country

25 **USA**

2a. Mailing Address

26 **16 TURQUOISE WAY**

Suite, Apt. #, etc.

27

City & State

28 **EUSTIS FL**

Zip

29 **32726**

Country

30 **USA**

9. Name and Address of Current Registered Agent

HUNGARTER, DIANNE
11 ROYAL DRIVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

WILLIAM M. PARRY

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

16 TURQUOISE WAY

83

84 City

EUSTIS

FL

85 Zip Code
32726

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 **WILLIAM M. PARRY TREAS.**

William M. Parry

3-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SNIDER, DENNIS	
STREET ADDRESS	15 TOPAZ DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MINSHALL, MARTIN	
STREET ADDRESS	8 ROYAL DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAINES, JENEEN	
STREET ADDRESS	32 TURQUOISE WY	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HUNGARTER, DIANNE	
STREET ADDRESS	11 ROYAL DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MARIE	
STREET ADDRESS	3 TURQUOISE WAY	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INGHAM, IRMA	
STREET ADDRESS	13 SCARLET WAY	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES TEAL	
1.3 STREET ADDRESS	46 TURQUOISE WAY	
1.4 CITY-ST-ZIP	EUSTIS FL 32726	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DARLENE CAMP	
2.3 STREET ADDRESS	42 LAVENDER LN	
2.4 CITY-ST-ZIP	EUSTIS FL 32726	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SYLVIA KNOPKA	
3.3 STREET ADDRESS	38 SCARLET WAY	
3.4 CITY-ST-ZIP	EUSTIS FL 32726	
4.1 TITLE	WILLIAM M. PARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	16 TURQUOISE WAY	
4.3 STREET ADDRESS	EUSTIS FL 32726	
4.4 CITY-ST-ZIP	EUSTIS FL 32726	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAM ANDERSON	
5.3 STREET ADDRESS	67 LAVENDER LN	
5.4 CITY-ST-ZIP	EUSTIS FL 32726	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DON MARTIN	
6.3 STREET ADDRESS	26 SCARLET WAY	
6.4 CITY-ST-ZIP	EUSTIS FL 32726	

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William M. Parry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

DATE

(352) 483-0976

DAYTIME PHONE #

CR2E034 (11/98)