FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR -6 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67636 (4)

1. Corporation Name
FOREST VIEW MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
960 S. SUNCOAST BLVD. HOMOSASSA FL 34448 US	960 S. SUNCOAST BLVD. HOMOSASSA FL 34448 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21: 8975 W. Sugar Bush Path
22: Suite, Apt. #, etc.
23: City & State: Homosassa, FL
24: Zip: 34448 Country: 25: USA

2a. Mailing Address
26: 8975 W. Sugar Bush Path
27: Suite, Apt. #, etc.
28: City & State: Homosassa, FL
29: Zip: 34448 Country: 30: USA

4. FEI Number: 59-2870271 ☐ 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

ASKEL. EDWARD, A.
8940 W. FOREST VIEW DR
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name: Billy Stimson
82 Street Address (P.O. Box Number is Not Acceptable): 8861 W. Forest View Dr.
83:
84 City: Homosassa FL 85 Zip Code: 34448

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: Billy Stimson BILLY STIMSON PD 3-1-95
(signature for appointment of registered agent and the name of the agent) (NOTE: Registered Agent signature required when name changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE	VTD	☒ Change ☐ Addition
NAME	WILLIAMSON, ALEX	12 NAME	Neumann, Miles	
STREET ADDRESS	8999 W FOREST VIEW DR	13 STREET ADDRESS	8979 W. Forest View Dr.	
CITY-ST-ZIP	HOMOSASSA FL	14 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FAULKNER, JAMES	22 NAME		
STREET ADDRESS	1015 S. LILY POND PT	23 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☒ Addition
NAME	STIMSON, ~~WILLIAM~~ Billy	32 NAME	~~Tech~~ Dulaney, John	
STREET ADDRESS	8861 W. FOREST VIEW DR	33 STREET ADDRESS	8891 W. Forest View Dr.	
CITY-ST-ZIP	HOMOSASSA FL	34 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	PD	41 TITLE	PD	☒ Change ☐ Addition
NAME	AKSEL, EDWARD A	42 NAME	Stimson, Billy	
STREET ADDRESS	8940 W FOREST VIEW DR	43 STREET ADDRESS	8861 W. Forest View Dr.	
CITY-ST-ZIP	HOMOSASSA FL	44 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	VSD	51 TITLE	VSD	☒ Change ☐ Addition
NAME	GERRISH, SHIRLEY	52 NAME	Beatty, Frances	
STREET ADDRESS	8952 W FOREST VIEW DR	53 STREET ADDRESS	9096 W. Forest View Dr.	
CITY-ST-ZIP	HOMOSASSA FL	54 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: Miles G. Neumann Miles G. Neumann 2/26/95 (904) 563-0695
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #

0383280 CR