FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N00176 (0)

1. Corporation Name

THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1931 JAUDON ROAD DOVER FL 33527	1931 JAUDON ROAD DOVER FL 33527

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1983

3a. Date of Last Report: 06/30/1994

4. FEI Number: 59-2384574 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LASTINGER, G. OSCAR
1931 JAUDON RD.
DOVER FL 33527

10. Name and Address of New Registered Agent

01 Name

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

03

04 City: FL — 05 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 _____ DATE
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	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LASTINGER, G. OSCAR	1.2 NAME	Sumner, D. Emmett	
STREET ADDRESS	1931 JAUDON RD.	1.3 STREET ADDRESS	P.O. Box 85 P/R	
CITY-ST-ZIP	DOVER FL 33527	1.4 CITY-ST-ZIP	Brandon, Fl 34509-0085	
TITLE	VD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SUMNER, WAYNE	2.2 NAME	Thompson, James R.	
STREET ADDRESS	1105 THOMPSON RD.	2.3 STREET ADDRESS	P.O. Box 3950 S/P	
CITY-ST-ZIP	LITHIA FL 33547	2.4 CITY-ST-ZIP	Apollo Beach, FL 33570	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	SURRENCY, TROY E.	3.2 NAME		
STREET ADDRESS	9917 HIGHWAY 39 SOUTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL 33547	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JAMESON, JOSEPH C.	4.2 NAME		
STREET ADDRESS	5305 S FARKAS RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GATLYN, LLOYD L.	5.2 NAME		
STREET ADDRESS	6505 WALTON WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MELOVICH, MICHAEL	6.2 NAME		
STREET ADDRESS	9413 12TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Troy E. Surrency — Troy E. Surrency — 01-24-95 — (813) 757-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052250

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 JAN 27 PM 12:30

FAXE
LORIDA

DOCUMENT # N00980 (5)

1. Corporation Name

OAKS ROYAL PHASE III HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
36312 IMPALA WAY ZEPHYRHILLS FL 33541	36312 IMPALA WAY ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2534783 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENFELDER, GLEN E.
103 NORTH 3RD STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 * _____ DATE
* 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HERDER, JOHN	1.2 NAME	
STREET ADDRESS	5421 SEVILLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DENNIS, JACK	2.2 NAME	
STREET ADDRESS	5538 ANTIGUA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	HUGHES, BASIL	3.2 NAME	PD MARKS, Robert
STREET ADDRESS	5354 RIVIERA DR	3.3 STREET ADDRESS	36335 Riviera
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	Zephyrhills, FL.
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	SNAVELY, FRANK	4.2 NAME	SD Lois Pillow
STREET ADDRESS	5452 RIVIERA DR	4.3 STREET ADDRESS	5538 Riviera
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	Zephyrhills, FL.
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	MARKS, ROBERT	5.2 NAME	VD Parento, Howard
STREET ADDRESS	36335 RIVIERA DR	5.3 STREET ADDRESS	36408 Riviera
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	Zephyrhills, FL.
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	GOODRICH, GERALDINE	6.2 NAME	
STREET ADDRESS	36341 BONNEY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	6.4 CITY-ST-ZIP	Scc 1-30-95

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

SIGNATURE: Geraldine Goodrich 13 January 1995 (813)782-3222
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Date) (Telephone Number)
GERALDINE GOODRICH

0052430