FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01702** **(2)**

1. Corporation Name

EASTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W STATE ROD 434, STE 5000 LONGWOOD FL 32779	2180 W STATE ROD 434, STE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/29/1984
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2768825 ☐ 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 / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

HART, JAMES W., JR.
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	RUTHERFORD, DOROTHY	12 NAME	
STREET ADDRESS	1225 EASTON ST	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, JERRY	22 NAME	
STREET ADDRESS	8611 DRAYTON CT	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	~~KNAPP, CHERYL~~	32 NAME	STONE, KAREN
STREET ADDRESS	~~1227 EASTON ST~~	33 STREET ADDRESS	1210 EASTON ST
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	~~VD~~	41 TITLE	D ☒ Change ☐ Addition
NAME	FARMER, TOM	42 NAME	
STREET ADDRESS	1203 EASTON ST	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	VD ☒ Change ☐ Addition
NAME	~~UHRICK, JOE~~	52 NAME	MILLER, GLORIA
STREET ADDRESS	~~1408 DRYTON CT~~	53 STREET ADDRESS	8612 DRAYTON CT
CITY-ST-ZIP	~~ORLANDO FL~~	54 CITY-ST-ZIP	ORLANDO FLORIDA
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	~~MAYOU, MIKE~~	62 NAME	LORCH, NORMA
STREET ADDRESS	~~2612 OVERLAKE AVE~~	63 STREET ADDRESS	8613 DRAYTON CT
CITY-ST-ZIP	ORLANDO FL	64 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: Karen L. Stone 3-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Karen L. Stone

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