

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:46

DOCUMENT # **N02066 (1)**
1. Corporation Name
LAKE FRANCIS OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O GEORGE J CODONE
1712 QUIET OAK LN
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1984	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2502939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 F.L. MARVIL II Suite, Apt. #, etc.	2a. Mailing Address 25 F.L. MARVIL II Suite, Apt. #, etc.
22 1700 QUIET OAK LN City & State	27 1700 QUIET OAK LN City & State
23 PENSACOLA FL Zip Country	28 PENSACOLA FL. Zip Country
24 32526 25 ESCAMBA	29 32526 30 ESCAMBA

9. Name and Address of Current Registered Agent BLITCH, MARGARET J. 1721 QUIET OAK LANE PENSACOLA FL 32526		10. Name and Address of New Registered Agent	
81 Name	GEORGE J. CODONE		
82 Street Address (P.O. Box Number is Not Acceptable)	1712 QUIET OAK LN		
83			
84 City	PENSACOLA	85 Zip Code	FL 32526

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 **GEORGE J. CODONE VPD** *George J. Codone* DATE **1/26/95**
Signature, typed or printed name of registered agent and title if applicable. (Title and Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CODONE, GEORGE J JR	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1712 QUIET OAK LN	CITY-ST-ZIP PENSACOLA FL	1.2 NAME F.L. MARVIL II	
		1.3 STREET ADDRESS 1700 QUIET OAK LN	
		1.4 CITY- ST-ZIP PENSACOLA FL 32526	
TITLE VD	NAME SEAY, JEFF	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1713 QUIET OAK LN	CITY- ST-ZIP PENSACOLA FL	2.2 NAME GEORGE J. CODONE	
		2.3 STREET ADDRESS 1712 QUIET OAK LN	
		2.4 CITY- ST-ZIP PENSACOLA FL 32526	
TITLE STD	NAME CHAPMAN, BRENDA	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1717 QUIET OAK LN	CITY- ST-ZIP PENSACOLA FL	3.2 NAME OMEGA MARVIL	
		3.3 STREET ADDRESS 1700 QUIET OAK LN	
		3.4 CITY- ST-ZIP PENSACOLA FL 32526	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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 110.07(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 this 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: *F.L. Marvil II* **F.L. MARVIL II** DATE **1-26-95** **904-944-9363**
Signature and typed or printed name of signing officer or director. Date. (Anytime 1995)