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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **N04182**

1. Corporation Name

Evans Acres Property Owners Assoc.

Principal Place of Business

Mailing Address

Anna M. Stollsteimer
Sec./Treas.

4701 Angus Rd.
Polk City, FL. 33868

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Evans, William
6005 Deen Still Rd.
Lakeland, FL. 33809

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

Signature (typed or printed name of registered agent and title of signature)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Francesco Vignati	1.2 NAME	
STREET ADDRESS	4891 Angus Rd.	1.3 STREET ADDRESS	
CITY, ST, ZIP	Polk City, FL. 33868	1.4 CITY, ST, ZIP	
TITLE	Vice President	2.1 TITLE	☒ Change ☐ Addition
NAME	Ron Meador	2.2 NAME	
STREET ADDRESS	4973 Brahma Rd.	2.3 STREET ADDRESS	
CITY, ST, ZIP	Polk City, FL. 33868	2.4 CITY, ST, ZIP	
TITLE	Sec./Treas.	3.1 TITLE	☐ Change ☐ Addition
NAME	Anna Stollsteimer	3.2 NAME	
STREET ADDRESS	4701 Angus Rd.	3.3 STREET ADDRESS	
CITY, ST, ZIP	Polk City, FL. 33868	3.4 CITY, ST, ZIP	
TITLE	Director	4.1 TITLE	☒ Change ☐ Addition
NAME	Richard Fuchs	4.2 NAME	
STREET ADDRESS	5025 Brahma Rd.	4.3 STREET ADDRESS	
CITY, ST, ZIP	Polk City, FL. 33868	4.4 CITY, ST, ZIP	
TITLE	Robert Smith - Director	5.1 TITLE	☒ Change ☐ Addition
NAME	4937 Brahma Rd.	5.2 NAME	
STREET ADDRESS	Polk City, FL. 33868	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	Jeffrey Smith - Director	6.1 TITLE	☒ Change ☐ Addition
NAME	4933 Brahma Road	6.2 NAME	
STREET ADDRESS	Polk City, FL. 33868	6.3 STREET ADDRESS	
CITY, ST, ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna M. Stollsteimer Sec./Treas.

4-29-95

(813) 984-2750

SW