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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N04182** (4)

1. Corporation Name

**EVANS ACRES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**%ANNA M. STOLLSTEIMER**  
4701 ANGUS RD.  
POLK CITY FL 33868  
US

Mailing Address

**%ANNA M. STOLLSTEIMER**  
4701 ANGUS RD.  
POLK CITY FL 33868  
US

3. Date Incorporated or Qualified

**07/13/1984**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, WILLIAM E.**  
6005 DEEN STILL ROAD  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **VIGNATI, FRANCESCO**

STREET ADDRESS **4891 ANGUS RD**

CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **V** ☐ DELETE

NAME **MEADOR, RON**

STREET ADDRESS **4973 BRAHMA RD.**

CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **ST** ☐ DELETE

NAME **STOLLSTEIMER, ANNA**

STREET ADDRESS **4701 ANGUS RD**

CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☐ DELETE

NAME **FUCHS, RICHARD**

STREET ADDRESS **5025 BRAHMA RD**

CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☐ DELETE

NAME **SMITH, ROBERT**

STREET ADDRESS **4937 BRAHMA RD.**

CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☐ DELETE

NAME **SMITH, JEFFREY**

STREET ADDRESS **4933 BRAHMA RD.**

CITY-ST-ZIP **POLK CITY FL 33868**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 617, 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 SECRETARY**

**1-23-96**

Date

**941-984-2750**

Daytime Phone #

CR2E037 (12/95)