## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N05325

(8)

HOWELL HARBOR ESTATES ASSOCIATION, INC.

HOWELI	E MANDON ESTATES ASSO	OIMITOR, INO			
Principal Place of Business Mailing Address					T   BETYING BIL BOTOL BYIND TITLE THE BIRTH BIRT
P O BOX 1153	HARBOR DRIVE 3 1 FL 32707-5811	1040 HOWELL HARBOR DRIVE P O BOX 1153 CASSELBERRY FL 32707-5811			Date Incorporated or Qualified
	•				3. Date Incorporated or Qualified
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number Applied For 59-2582764 Not Applicable
21		26		<del></del> .	59-2582/04   Not Applicable   \$8.75 Additional
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.			Certificate of Status Desired     Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country		Zip Country		ntry	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes Yes Y No  10. Name and Address of New Registered Agent
	g. Name and Address of Current	Registered Agent		81 Name	
Dan 7					Address (P.O. Box Number is Not Acceptable)
Truex, ellen 1064 howell harbor dr.				82 Street	
CASSELBERRY FL 32707					3 HOURS HOUSE DI
ONOQUE	SERVIT TE SEPOT		-	84 City	85 Zip Code
				Car	ealbaray FL   3270 7
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					
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 hijigations of, Section 617.0503, Florida Statutes.					
SIGNATURE	July 1	•		DAN P	ARKER / 17 / 76
Signature typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when rec					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 (0	TLE	Change Addition
NAME	TRUEX, ELLEN		1.2 NA	AME	Parker Dan
STREET ADDRESS	1064 HOWELL HARBOR DR.		1.3 ST	REET ADDRESS	1005 Howell Harbor Dr.
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CH	TY-ST-ZIP	Casselberry FL 32707
TITLE	VD	DELETE	21 TI	TLE	Change C Adolton
NAME	Britz, Stephanie		2 2 N	AME	Truex, Ellen 1064 Howell Harbor Dr.
STREET ADDRESS	1009 HOWELL HARBOR DR.		2351	REE1 ADDRESS	1
CITY-ST-ZIP	CASSELBERRY FL 32707			ITY-ST-ZIP	Casselberry, FL 32707
TITLE	TD FOUTANIETTA FRANK I	DELETE	3.1 TI		
NAME	Fontanetta, Frank J 1054 Howell Harbor Dr.		3.2 N	rme Treet address	Schneider, Noreen 1085 Howell Harbor Dr.
STREET ADDRESS	CASSELBERRY FL 32707			HTY - ST - ZIP	Casselberry FL 32707
CITY-ST-ZIP TITLE	SD SD	DELETE	4.1 TI		Britz Stephanie SD Change Addition
NAME	GASE, TRACY	-	4. 2 N	IAME	Britz, Stephanie SD Schange Addition 1009 Howell Harbor Dr.
STREET ADDRESS	1089 HOWELL HARBOR DR.		435	TREET ADDRESS	. ]
CITY-ST-ZIP	CASSELBERRY FL 32707		4.4 C	ITY-ST-ZIP	Casselberry, FL 32707
TITLE		DELETE	5.1 TI	TLE	
NAME			52N		CIOOOO1780350°   -04/15/3601080032
STREET ADDRESS			1	TREET ADDRESS	***61.25
CITY-ST-ZIP		□ nci str		ITY-ST-ZIP	Change Addition
TITLE		DELETE	6.1 Ti		
NAME			6.2 N		
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP	ev certify that the information supplied v	with this filing is voluntarily fu	rnished and	ity-st-zip does not qu	ualify 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: More Signature and Types of Printed Name of Signing Officer on Director

4/10/96 407-696-2003

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