

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05325 (8)

1. Corporation Name

HOWELL HARBOR ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1040 HOWELL HARBOR DRIVE
P O BOX 1153
CASSELBERRY FL 32707-5811

1040 HOWELL HARBOR DRIVE
P O BOX 1153
CASSELBERRY FL 32707-5811

3. Date Incorporated or Qualified
09/24/1984

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2582764

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRUEX, ELLEN
1064 HOWELL HARBOR DR.
CASSELBERRY FL 32707

81 Name
Dan Parker

82 Street Address (P.O. Box Number is Not Acceptable)
1005 Howell Harbor Dr.

83

84 City
Casselberry

FL

85 Zip Code
32707

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

DAN PARKER

3/14/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
TRUEX, ELLEN
1064 HOWELL HARBOR DR.
CASSELBERRY FL 32707

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD
BRITZ, STEPHANIE
1009 HOWELL HARBOR DR.
CASSELBERRY FL 32707

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TD
FONTANETTA, FRANK J
1054 HOWELL HARBOR DR.
CASSELBERRY FL 32707

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SD
GASE, TRACY
1089 HOWELL HARBOR DR.
CASSELBERRY FL 32707

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS 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: **Noreen Schneider** Noreen Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

407-646-2003

Daytime Phone #

CR2E037 (12/95)

4-15-96