FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05867 (9)

1. Corporation Name
WOUNDED KNEE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%LOWELL CROWDER 1679 CROWDER ROAD TALLAHASSEE FL 32303-2349	%LOWELL CROWDER 1679 CROWDER ROAD TALLAHASSEE FL 32303-2349

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1984
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2350126 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

O'STEEN, J.C.
177 SALEM COURT
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CROWDER, LOWELL	1.2 NAME	Kelly, Roy	
STREET ADDRESS	1679 CROWDER ROAD	1.3 STREET ADDRESS	1679 Crowder Road	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, Fl 32303	
TITLE	VSD	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	KELLY, ROY	2.2 NAME	O'Steen, J.C.	
STREET ADDRESS	1679 CROWDER ROAD	2.3 STREET ADDRESS	177 Salem Court	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	TD	3.1 TITLE		☑ Change ☐ Addition
NAME	O'STEEN, J.C.	3.2 NAME	Delete	
STREET ADDRESS	177 SALEM COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	TD	☐ Change ☑ Addition
NAME		4.2 NAME	CROWDER, WILLIE	
STREET ADDRESS		4.3 STREET ADDRESS	1679 Crowder Road	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	5/1/95 MST	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	If Deposited By Bank	

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: Roy Kelly 4/29/95 (904) 877-1028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027184