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 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08511 (0)

1. Corporation Name

EL-RED HOMEOWNERS', INC.

Principal Place of Business	Mailing Address
37 L EL RED DR. 250 EL RED DRIVES TAVARES FL 32778 US	37 L EL RED DR. TAVARES FL 32778 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1985
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2655255 ☐ 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 #6125 ☒ $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 37 L El-Red Drive	26 37 L El - Red Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tavares, Fl. 32778	28 Tavares, Fl. 32778
24 Zip	29 Zip
25 Country Lake	30 Country Lake

9. Name and Address of Current Registered Agent

MINKOFF, SANFORD A.
C/O MINKOFF & MC DANIEL, P.A.
226 WEST ALFRED STREET
TAVARES FL 32778

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	P	11 TITLE	P/D	☐ Change ☐ Addition
NAME	GOODWIN, DON	12 NAME	Don Goodwin	
STREET ADDRESS	9 A EL RED DR.	13 STREET ADDRESS	9A El-Red Drive	
CITY-ST-ZIP	TAVARES FL	14 CITY-ST-ZIP	Tavares, Fl. 32778	
TITLE	D	21 TITLE	V/P D	☐ Change ☐ Addition
NAME	LEWIS, DICK	22 NAME	Dick Lewis	
STREET ADDRESS	21 D EL RED DR.	23 STREET ADDRESS	21D El-Drive	
CITY-ST-ZIP	TAVARES FL	24 CITY-ST-ZIP	Tavares, [illegible] 32778	
TITLE	TS	31 TITLE	Sctary/D	☒ Change ☐ Addition
NAME	JONES, MARY LOU	32 NAME	Joan Shape	
STREET ADDRESS	37 L EL RED DR.	33 STREET ADDRESS	31D El-Red Drive	
CITY-ST-ZIP	TAVARES FL	34 CITY-ST-ZIP	Tavares, Fl. [illegible]	
TITLE	T	41 TITLE	Treas/D	☐ Change ☐ Addition
NAME	SHAPE, JOANN	42 NAME	Mary Lou Jones	
STREET ADDRESS	31 D EL RED DR.	43 STREET ADDRESS	37L El-Red Drive	
CITY-ST-ZIP	TAVARES FL	44 CITY-ST-ZIP	Tavares, Fl. 32778	
TITLE	T	51 TITLE	V/P	☐ Change ☐ Addition
NAME	MAYER, RUTH	52 NAME	Ruth Mayer	
STREET ADDRESS	15 A EL RED DR.	53 STREET ADDRESS	15A El-Red Drive	
CITY-ST-ZIP	TAVARES FL	54 CITY-ST-ZIP	Tavares, Fl. 32778	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We 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)(i), 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: Mary Lou Jones 2/13/95 (904) 343-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary Lou Jones

000329