

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08511 (0)

1. Corporation Name

EL-RED HOMEOWNERS', INC.

Principal Place of Business

37 L EL RED DRIVE  
25D EL RED DRIVES  
TAVARES FL 32778  
US

Mailing Address

37 L EL RED DRIVE  
TAVARES FL 32778  
US

2. Principal Place of Business

21 25D EL-RED DRIVE

Suite, Apt. #, etc.

22 City & State  
TAVARES, FL23 Zip  
32778

Country

2a. Mailing Address

26 14A EL-RED DRIVE

Suite, Apt. #, etc.

27 City & State  
TAVARES-FL28 Zip  
32778

Country

3. Date Incorporated or Qualified

04/03/1985

3a. Date of Last Report

04/02/1996

4. FEI Number

59-2655255

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

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 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

TITLE PD ☒ DELETENAME GOODWIN, DON  
STREET ADDRESS 9 A EL RED DR.  
CITY-ST-ZIP TAVARES FLTITLE VPD ☒ DELETENAME MEADOWS, DON  
STREET ADDRESS 27 D EL RED DR  
CITY-ST-ZIP TAVARES FLTITLE SD ☐ DELETENAME SHAPE, JOAN  
STREET ADDRESS 31D EL RED DRIVE  
CITY-ST-ZIP TAVARES FLTITLE TD ☒ DELETENAME JONES, MARY LOU  
STREET ADDRESS 37 L EL RED DRIVE  
CITY-ST-ZIP TAVARES FLTITLE BM ☒ DELETENAME MAYER, RUTH  
STREET ADDRESS 14 A EL RED DRIVE  
CITY-ST-ZIP TAVARES FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPDon Meadows  
27 D El Red Dr  
Tavares, FL 327782.1 TITLE VPD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPRichard VanVliet  
9 B El Red Dr.  
Tavares, FL 327783.1 TITLE SD  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPJoan Shape  
31 D. El Red Dr.  
Tavares, FL 327784.1 TITLE TD  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPRuth Mayer  
14 A. El RedDr.  
Tavares, FL 327785.1 TITLE BM  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPDon Smith  
31 A. El Red Dr.  
Tavares, FL 327786.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

RUTH A. MAYER ROUBAS

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone # 0077808

CR2E037 (9/96)