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 APR -6 AM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12503 (1)

1. Corporation Name

SPRINGDALE HOMEOWNERS ASSOCIATION OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13254 CLEARWATER FL 34621-2204	P.O. BOX 13254 CLEARWATER FL 34621-2204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2617085 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):
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

9. Name and Address of Current Registered Agent

GANTZ, EDWARD
2536 ELDERBERRY DRIVE
CLEARWATER FL 34621

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	☐ Change ☐ Addition
NAME	GANTZ, EDWARD	12 NAME	
STREET ADDRESS	2436 ELDERBERRY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	HORNUNG, DONA	22 NAME	Gerald Weyhrauch
STREET ADDRESS	2568 ELDERBERRY DRIVE	23 STREET ADDRESS	2517 Mulberry Dr. S.
CITY-ST-ZIP	CLEARWATER FL 34621	24 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
NAME	HORNUNG, KEN	32 NAME	Al Tingley
STREET ADDRESS	2568 ELDERBERRY DRIVE	33 STREET ADDRESS	3221 Beaver Dr.
CITY-ST-ZIP	CLEARWATER FL 34621	34 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SKEENS, KRISTINA	42 NAME	
STREET ADDRESS	3267 MULBERRY DR.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	BORST, JAMES	52 NAME	Jas to Jon
STREET ADDRESS	3223 MULBERRY DR.	53 STREET ADDRESS	3226 Mulberry Dr.
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROBB, TOM	62 NAME	
STREET ADDRESS	2521 DOE CT.	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	64 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)(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: Gerald Weyhrauch 4-3-95 746-2843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gerald Weyhrauch

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