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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:56

DOCUMENT # N12575 (9)

1. Corporation Name
MARLBORO FARMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16906 S.W. 5TH PLACE NEWBERRY, FL. 32669-9802	16906 S.W. 5TH PLACE NEWBERRY, FL. 32669-9802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 02/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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
21 330 S.W. 165th St.	26 330 S.W. 165th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Newberry, FL	28 Newberry, FL
24 Zip 32669 25 Country Alachua	29 Zip 32669 30 Country Alachua

9. Name and Address of Current Registered Agent

STONE, KARLENE T
16906 SW 5TH PL
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name: ANN M. LEWIS
82 Street Address (P.O. Box Number is Not Acceptable): 215 S.W. 165th Street
83
84 City: Newberry FL 85 Zip Code: 32669

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: Ann M. Lewis ANN M. LEWIS - SECRETARY-TREASURER 1/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KRILL, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	330 SW 165 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	ITURRASPE, JOSE	2.2 NAME	FRED S. GUGGENHEIMER, JR
STREET ADDRESS	16718 SW 5TH PLACE	2.3 STREET ADDRESS	202 S.W. 165th STREET
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	ST	3.1 TITLE	ST ☒ Change ☐ Addition
NAME	STONE, KARLENE	3.2 NAME	ANN M. LEWIS
STREET ADDRESS	16906 SW 5TH PL	3.3 STREET ADDRESS	215 S.W. 165th STREET
CITY-ST-ZIP	NEWBERRY FL 32669	3.4 CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHREIBER, GARY	4.2 NAME	
STREET ADDRESS	201 SW 165TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GUGGENHEIMER, GARY	5.2 NAME	PAUL J. COSTELLO
STREET ADDRESS	202 SW 165 ST	5.3 STREET ADDRESS	16819 S.W. 5th PLACE
CITY-ST-ZIP	NEWBERRY FL 32669	5.4 CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	STONE, WILLIAM	6.2 NAME	MICHAEL G. LEWIS
STREET ADDRESS	16906 SW 5 ST	6.3 STREET ADDRESS	215 S.W. 165th STREET
CITY-ST-ZIP	NEWBERRY FL 32669	6.4 CITY-ST-ZIP	NEWBERRY, FL 32669

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: [signature] MICHAEL G. LEWIS - DIRECTOR 1/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Effective Page 6

000303