

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13398**

1. Entity Name  
**SOUTH FORTY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6109 GALLOP CT  
TITUSVILLE, FL 32780 US**

Mailing Address  
**P.O. BOX 5328  
TITUSVILLE, FL 32783 US**



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2738083**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHMALZER, PAUL A  
6109 GALLUP CT  
TITUSVILLE, FL 32780**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SCHMALZER, PAUL A MR  
6109 GALLOP CT  
TITUSVILLE, FL 32780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
PENT, VIRGINIA H MS.  
6342 SLEEPY HOLLOW DRIVE  
TITUSVILLE, FL 32780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLMAN, KIM  
3210 HORSESHOE AVE  
TITUSVILLE, FL 32780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/09/08-80024-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Paul A. Schmalzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-2008 321-476-4112*

Date

Daytime Phone #