


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 JAN 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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01132009 No Chg-NP

CR2E037 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2738083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHMALZER, PAUL A 6109 GALLUP CT TITUSVILLE, FL 32780
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2009**

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	

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**DO NOT WRITE
IN THIS SPACE**

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 Paul A. Schmalzer 1-13-09 321-476-412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *