2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13398

1. Entity Name
SOUTH FORTY HOMEOWNERS ASSOCIATION, INC.

FILED
10 APR 23 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6109 GALLOP CT TITUSVILLE, FL 32780 US	P.O. BOX 5328 TITUSVILLE, FL 32783 US

04202010 No Chg-NP CR2E037 (11/08)

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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~~ 2829 Mourning Dove Way
~~TITUSVILLE, FL 32780~~
THusville FL 32780

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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 Paul A. Schmalzer Paul A. Schmalzer 4/20/10 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2010

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

500177587445
10/26/10--01028--003 **61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHMALZER, PAUL A MR
STREET ADDRESS	~~6109 GALLOP CT~~ 2829 Mourning Dove Way
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	DV
NAME	PENT, VIRGINIA H MS.
STREET ADDRESS	6342 SLEEPY HOLLOW DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	WILLMAN, KIM
STREET ADDRESS	3210 HORSESHOE AVE
CITY-ST-ZIP	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

RH

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 4/20/10 321-446-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #