

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14476 (8)

1. Corporation Name

HAZEL GLEN COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

150 HAZEL BLVD
SANFORD FL 32773
US

P.O. BOX 950724
LAKE MARY FL 32795-7724

3. Date Incorporated or Qualified
04/18/1986

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **2180 WEST SR 434**

26 **2180 WEST SR 434**

4. FEI Number

Applied For

NOT APPLICABLE 59-2870312

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

22 **5000**

27 **5000**

City & State

City & State

23 **LONGWOOD FL**

28 **LONGWOOD FL**

Zip

Zip

24 **32779**

29 **32779**

Country

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HISE, RICHARD A
150 HAZEL BLVD
SANFORD FL 32773**

81 Name
JAMES W HART JR

82 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC

83 **2180 WEST SR 434 SUITE 5000**

84 City
LONGWOOD

85 Zip Code
FL 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/14/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MILLER-SMITH, MELVINE**
STREET ADDRESS **100 DONNA CR.**
CITY-ST-ZIP **SANFORD FL**

TITLE **VD** ☒ DELETE
NAME **HOLLAND, JAMES**
STREET ADDRESS **102 DONNA CR.**
CITY-ST-ZIP **SANFORD FL**

TITLE **TD** ☒ DELETE
NAME **FOX, GARY**
STREET ADDRESS **125 DONNA CR.**
CITY-ST-ZIP **SANFORD FL**

TITLE **SD** ☒ DELETE
NAME **GRACE, LAUREN**
STREET ADDRESS **118 DONNA CR.**
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☒ DELETE
NAME **WARD, ROB**
STREET ADDRESS **151 HAZEL BLVD.**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☐ Change ☒ Addition
12 NAME **HISE, RICHARD**
13 STREET ADDRESS **150 HAZEL BLVD**
14 CITY-ST-ZIP **SANFORD, FL 32773**

21 TITLE **VD** ☐ Change ☒ Addition
22 NAME **AUSTIN, SCOTT**
23 STREET ADDRESS **103 DONNA CIR**
24 CITY-ST-ZIP **SANFORD FL 32773**

31 TITLE **STD** ☐ Change ☒ Addition
32 NAME **FOX, ANN**
33 STREET ADDRESS **125 DONNA CIR**
34 CITY-ST-ZIP **SANFORD FL 32773**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **ZATUCHNEY, MARILYN**
43 STREET ADDRESS **123 HAZEL BLVD**
44 CITY-ST-ZIP **SANFORD FL 32773**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A HISE

Date

Digital
Sign 800 814-4025
Daytime Phone #

CR2E037 (12/95)