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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N15961** **(8)**

1. Corporation Name
**VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 229 CERVIDAE DRIVE<br>APOPKA FL 32703<br>US | 229 CERVIDAE DRIVE<br>APOPKA FL 32703-3114<br>US |

3. Date Incorporated or Qualified: 07/21/1986
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21 1648 Falling Oak Cove
22 Suite, Apt. #, etc.
23 City & State: Apopka, FL
24 Zip: 32703 25 Country: USA

2a. Mailing Address
26 Post Office Box 1496
27 Suite, Apt. #, etc.
28 City & State: Apopka, FL
29 Zip: 32704 30 Country: USA

4. FEI Number: 59-2936552 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUTCHINSON, MATTHEW
229 CERVIDAE DRIVE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: Shawn Cable
82 Street Address (P.O. Box Number is Not Acceptable): 1648 Falling Oak Cove
83
84 City: Apopka FL 85 Zip Code: 32703

11. Pursuant to the provisions of Sections 617.0302 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: Shawn M. Cable 4-16-97
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 | VPD | ☒ DELETE | 1.1 TITLE | President PID | ☐ Change ☒ Addition |
| NAME | MANORE, MICHAEL | | 1.2 NAME | Shawn Cable | |
| STREET ADDRESS | 208 CERVIDAE DRIVE | | 1.3 STREET ADDRESS | 1648 Falling Oak Cove | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 1.4 CITY-ST-ZIP | Apopka, FL 32703 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | Vice President VPID | ☒ Change ☐ Addition |
| NAME | HUTCHINSON, MATTHEW | | 2.2 NAME | | |
| STREET ADDRESS | 229 CERVIDAE DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | Treasurer TID | ☒ Change ☐ Addition |
| NAME | HART, LISA | | 3.2 NAME | | |
| STREET ADDRESS | 104 N. CERVIDAE DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | Secretary SID | ☐ Change ☒ Addition |
| NAME | MARTINEZ, EDWIN | | 4.2 NAME | Angela Scott | |
| STREET ADDRESS | 59 N. CERVIDAE DRIVE | | 4.3 STREET ADDRESS | 1648 Falling Oak Cove | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 4.4 CITY-ST-ZIP | Apopka, FL 32703 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VAIVE, KATHY | | 5.2 NAME | | |
| STREET ADDRESS | 639 FALLING OAK LANE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WOODYARD, DOUGLAS JR | | 6.2 NAME | | |
| STREET ADDRESS | 108 N. CERVIDAE DRIVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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:** Shawn M. Cable SIGNATURE REQUIRED 4/16/97 884-4180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012738