

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15961					
1. Corporation Name VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 639 FALLING OAK COVE APOPKA FL 32703 US			Mailing Address P O BOX 1496 APOPKA FL 32704 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/21/1986	
22 City & State		27 City & State		4. FEI Number 59-2936552	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAIVE, KATHLEEN 639 FALLING OAK COVE APOPKA FL 32703				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	CABLE, SHAWN	1.2 NAME	
STREET ADDRESS	648 FALLING OAK COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	HUTCHINSON, MATTHEW	2.2 NAME	
STREET ADDRESS	229 CERVIDAE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	HART, LISA	3.2 NAME	
STREET ADDRESS	104 N. CERVIDAE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LAFFERTY, KARLA	4.2 NAME	
STREET ADDRESS	110 KINNEY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	VAIVE, KATHY	5.2 NAME	
STREET ADDRESS	639 FALLING OAK COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99

407-786-6411

CR2E037 (11/98)