

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # N16414 (7)

1. Corporation Name

LOVELL TERRACE PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1986	3a. Date of Last Report 03/14/1994
4. FEI Number 59-2882261	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

Principal Place of Business		Mailing Address	
289 LOVELL LANE APOPKA FL 32703 US		289 LOVELL LANE APOPKA FL 32703 US	
2. Principal Place of Business	2a. Mailing Address		
21 1155 Highland Acres Dr.	26 1155 Highland Acres Dr.		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Apopka FL	28 City & State Apopka FL		
24 Zip 32703	25 Country US	29 Zip 32703	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RHYNE, HERMAN JOSEPH L 289 LOVELL LANE APOPKA FL 32703		81 Name RHYNE, HERMAN JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 83 1155 Highland Acres Dr. 84 City Apopka FL 85 Zip Code 32703	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RHYNE, HERMAN JOSEPH	1.2 NAME	
STREET ADDRESS	1155 HIGHLAND ACRES DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, BECKY	2.2 NAME	
STREET ADDRESS	222 LOVELL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	ASHBAUGH, DEBORAH L	3.2 NAME	
STREET ADDRESS	289 LOVELL LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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

4/25/95 (407) 889-0827