

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N18850** (0)

1. Corporation Name

**BOB'S LANDING HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**20 N ORANGE AVE  
#700  
ORLANDO FL 32801**

Mailing Address

**20 N ORANGE AVE  
#700  
ORLANDO FL 32801-4604**3. Date Incorporated or Qualified  
**01/21/1987**3a. Date of Last Report  
**03/25/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.**27** City & State**28** Zip**29** Country4. FEI Number  
**59-2785320**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COLLING, LEE JAY  
20 N-ORANGE AVENUE, STE 700  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

**81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, CAROL A</b>	
STREET ADDRESS	<b>BOB'S LANDING PARK LOT 36</b>	
CITY - ST - ZIP	<b>BABSON PARK FL 33827</b>	

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>FOLKERTH, DONNA</b>	
STREET ADDRESS	<b>BOB'S LANDING PARK LOT 6</b>	
CITY - ST - ZIP	<b>BABSON PARK FL 33827</b>	

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>KOHLER, PHYLLIS</b>	
STREET ADDRESS	<b>BOB'S LANDING PARK LOT 49</b>	
CITY - ST - ZIP	<b>BABSON PARK FL 33827</b>	

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>KOHLER, BERT</b>	
STREET ADDRESS	<b>BOB'S LANDING PARK LOT 49</b>	
CITY - ST - ZIP	<b>BABSON PARK FL 33827</b>	

TITLE	<b>DD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, MARVIN</b>	
STREET ADDRESS	<b>BOB'S LANDING BOX 22</b>	
CITY - ST - ZIP	<b>BABSON PARK FL 33827</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

*Carol A. Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-18-97 941-638-2552  
Date Daytime Phone # 0016024

CR2E037 (9/96)