

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB -3 AM 11:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N20786

(2)

1. Corporation Name

CROOKED LAKE TERRACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% PATRICK WILSON
17555 LAKE TERRACE DR
EUSTIS FL 32776
US**

**% PATRICK WILSON
17555 LAKE TERRACE DR
EUSTIS FL 32776
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1987

3a. Date of Last Report

02/25/1994

4. FEI Number

59-2981250

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, PATRICK
17555 LAKE TERRACE DR
EUSTIS FL 32726**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **WILSON, PATRICK**
STREET ADDRESS **17555 LAKE TERRACE DR**
CITY-STATE-ZIP **EUSTIS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE **VPD**
NAME **KING, GREGORY**
STREET ADDRESS **17353 LAKE TERRACE DR**
CITY-STATE-ZIP **EUSTIS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **CARTWRIGHT, CHARLES**
STREET ADDRESS **1715 LAKE TERRACE DR**
CITY-STATE-ZIP **EUSTIS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE **TD**
NAME **COMPTON, WILLIAM**
STREET ADDRESS **1841 LAKE TERRACE DR**
CITY-STATE-ZIP **EUSTIS FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **SULLIVAN, TIM**
STREET ADDRESS **1780 LAKE TERRACE DR**
CITY-STATE-ZIP **EUSTIS FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 017, 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

PATRICK F. WILSON

Date

Signature Here

1-26-95 (904) 357-7200