

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N23347 (0)**  
1. Corporation Name  
**LOS ARCOS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business **DELETE** Mailing Address **DELETE**  
C/O MACRAE INCORPORATED 9302 ULMERTON RD. P.O. BOX 170 LARGO FL 34641  
C/O MACRAE INCORPORATED 9302 ULMERTON RD. P.O. BOX 170 LARGO FL 34641

3. Date Incorporated or Qualified **11/06/1987** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **2406 DANA DRIVE** 26 **2406 DANA DRIVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SAFETY HARBOR, FL** 27  
City & State City & State  
23 **SAFETY HARBOR FL**  
Zip Country Zip Country  
24 **34695** 25 **FLORIDA** 29 **34695** 30

4. FEI Number **59-2887935** 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  
**LABARBERA, MICHAEL D.**  
**1907 WEST KENNEDY BLVD.**  
**TAMPA FL 33606**  
*VOID 12/31/95*

10. Name and Address of New Registered Agent  
81 Name **L.B. WALKER**  
82 Street Address (P.O. Box Number is Not Acceptable) **2406 DANA DRIVE**  
83  
84 City **SAFETY HARBOR FL** 85 Zip Code **34695**

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 L.B. WALKER, TREASURER DATE 21 JAN 96  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<del>PD</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVES, DANA A.	1.2 NAME	MICHAEL CAREY
STREET ADDRESS	9302 ULMERTON RD.	1.3 STREET ADDRESS	2413 DANA DR
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	SH, FL 34695
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVES, VICTORIA	2.2 NAME	L.B. WALKER
STREET ADDRESS	9302 ULMERTON RD.	2.3 STREET ADDRESS	2406 DANA DRIVE
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVES, JANIS	3.2 NAME	RINA HAJNA
STREET ADDRESS	9302 ULMERTON RD.	3.3 STREET ADDRESS	2431 DANA DRIVE
CITY - ST - ZIP	LARGO FL	3.4 CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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] DATE 21 JAN 96 DAYTIME PHONE # 813+777-1841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)