

# 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 # N23679 (6)**

1. Corporation Name

**LOT 95, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

5930 MOTONGOS DR  
SEBRING FL 33872

Mailing Address

P.O. BOX 336  
KENNEBULE ME 04043  
US

2. Principal Place of Business

2a. Mailing Address

21 5930 MATANZAS DR 26 P.O. Box #336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sebring, FL

28 Kennebunk, Me.

24 Zip

Country

Zip

Country

24 33872

25 U.S.A.

29 04043

30 USA

9. Name and Address of Current Registered Agent

MORLOWE J. LEBORGE  
5930 MONONGOS DR  
SEBRING FL 33872

Marlowe J. LeBorge  
5930 Matanzas Dr

3. Date Incorporated or Qualified

12/01/1987

3a. Date of Last Report

07/07/1995

4. FEI Number

59-2881395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 PTD ☐ DELETE

NAME LEBORGE MORLOWO J.

STREET ADDRESS 5930 MATANZAS DR

CITY-ST-ZIP SEBRING FL 33872

TITLE SDD ☐ DELETE

NAME SPOWIDING MARSHALL

STREET ADDRESS 5930 MATANZAS DR

CITY-ST-ZIP SEBRING FL 33872

TITLE VD ☐ DELETE

NAME HOWERTOW, WILLIAM

STREET ADDRESS 5930 MATANZAS DR

CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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: Marlowe J. LeBorge Pres. Marlowe S. LeBorge 3-18-96 207-985-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)