

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90046 006 ****61.25

0082087

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23679

1. Corporation Name

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

Principal Place of Business

5930 MATANZAS DR.
SEBRING FL 33872
US

Mailing Address

P.O. BOX 336
KENNEBUNK ME 04043
US



2. Principal Place of Business

2a. Mailing Address

21 5930 Matanzas Dr.
Suite, Apt. #, etc.

26 P.O. Box # 336
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
12/01/1987

4. FEI Number
59-2881395

Applied For
Not Applicable

22 City & State

27 City & State

23 Sebring, FL
Zip Country

28 Kennebunk, Me.
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution

24 33872 25 USA

29 04043 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORLOWE J. LEBORGE
5930 MATANZAS DR.
SEBRING FL 33872

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME LE BARGE, MARLOWE J
STREET ADDRESS 5930 MATANZAS DR
CITY-ST-ZIP SEBRING FL

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

☐ Change ☐ Addition

TITLE SDD
NAME STEFFOD, LESTER
STREET ADDRESS 5930 MATANZAS DR
CITY-ST-ZIP SEBRING FL

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

☒ Change ☐ Addition

TITLE VD
NAME HOWERTOW, WILLIAM
STREET ADDRESS 5930 MATANZAS DR
CITY-ST-ZIP SEBRING FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 941-385-8905

Date

Daytime Phone #

CR2E037 (1/198)