

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 # N23680 (4)

1. Corporation Name

LOT 83, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATI  
ON, INC.

Principal Place of Business

Mailing Address

4101 SUN'N LAKES BOULEVARD  
SEBRING FL 33872-2131

6434 MATANZAS DR  
SEBRING FL 33872  
US



2. Principal Place of Business

2a. Mailing Address

21

26

6434 MATANZAS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

SEBRING, FL.

Zip

Country

Zip

Country

24

25

29

33872-2384

30 HIGHLANDS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/01/1987

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2900169

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

10. Name and Address of New Registered Agent

RAMSEY, CHARLOTTE S  
6434 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

*Harold B. Bowlus*

(NOTE: Registered Agent signature required when reinstating)

2-27-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BOWLUS, HAROLD

STREET ADDRESS 6432 MATANZAS DR

CITY-ST-ZIP SEBRING FL 33872-2384

TITLE VD ☐ DELETE

NAME RAMSEY, CHARLOTTE

STREET ADDRESS 6434 MATANZAS DR

CITY-ST-ZIP SEBRING FL 33872-2384

TITLE STD ☐ DELETE

NAME BARRY, GERALD

STREET ADDRESS 6436 MATANZAS DR

CITY-ST-ZIP SEBRING FL 33872-2384

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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:

*Harold B. Bowlus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)