


FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26446** (7)

1. Corporation Name

**LOT 113, BLOCK 275, UNIT 13, HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**5584 MATANZAS DR.  
SEBRING FL 33872**

Mailing Address

**5584 MATANZAS DR.  
SEBRING FL 33872-1515**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/16/1988</b>		3a. Date of Last Report <b>03/04/1996</b>	
21 <b>5588 MATANZAS DR.</b>		26 <b>5588 MATANZAS DR.</b>		4. FEI Number <b>59-2927235</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>SEBRING, FL</b>		28 <b>SEBRING, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>33872</b>		25 <b>USA</b>		29 <b>33872</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**PARKER, DIANE C  
5584 MATANZAS DRIVE  
SEBRING FL 33872**

10. Name and Address of New Registered Agent

81 Name **HAERTSCH, NORINE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **5588 MATANZAS DRIVE**  
84 City **SEBRING, FL** 85 Zip Code **33872**

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 **Norine M. Haertsch** **NORINE M. HAERTSCH** **4-9-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>PARKER, GORDON</b>	1.2 NAME	<b>HAERTSCH, ROBERT</b>
STREET ADDRESS	<b>5584 MATANZAS DRIVE</b>	1.3 STREET ADDRESS	<b>5588 MATANZAS DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	1.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>V/D</b>
NAME	<b>RIZZO, SALLY</b>	2.2 NAME	<b>RIZZO, SALLY V/D</b>
STREET ADDRESS	<b>313 WILLIAM SALESBURY DRIVE</b>	2.3 STREET ADDRESS	<b>15460 KILMARNOCK DR.</b>
CITY-ST-ZIP	<b>DOWINGTOWN PA</b>	2.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>
TITLE	<b>STG</b>	3.1 TITLE	<b>S/D</b>
NAME	<b>PARKER, DIANE</b>	3.2 NAME	<b>HAERTSCH, NORINE</b>
STREET ADDRESS	<b>5584 MATANZAS DR.</b>	3.3 STREET ADDRESS	<b>5588 MATANZAS DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	3.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE **Norine M. Haertsch** **NORINE M. HAERTSCH** **4-9-97**

CR2E037 (9/96)