

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:41

DOCUMENT # N26815 (3)

1. Corporation Name

MIDWAY ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1892 PARADISE LN
CLEARWATER FL 34616

1892 PARADISE LN
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1988

3a. Date of Last Report

08/02/1994

4. FBI Number

59-2901327

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, KEVIN
1895 BALBOA LANE
CLEARWATER FL 34616

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HOWARD, KEVIN A.
STREET ADDRESS	1895 BABBOA LANE
CITY - ST - ZIP	CLEARWATER FL
TITLE	VP
NAME	REGAN, KATHY
STREET ADDRESS	18189 PARADISE LANE
CITY - ST - ZIP	CLEARWATER FL
TITLE	S
NAME	GONZALEZ, KAREN
STREET ADDRESS	1865 CAMEO WAY
CITY - ST - ZIP	CLEARWATER FL
TITLE	T
NAME	TRENT, BRENDA
STREET ADDRESS	1883 BLABOA LN
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	GONZALEZ, JEFF
STREET ADDRESS	1865 CAMEO WAY
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	ANSELL, SCOTT
STREET ADDRESS	1889 PARADISE LN
CITY - ST - ZIP	CLEARWATER FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Kevin A. Howard Kevin A. Howard

6-1-95

(613) 581-0559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Typed Name)