

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26815** (3)
1. Corporation Name
MIDWAY ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MR. HOWARD
1895 BALBOA LANE
CLEARWATER FL 34616

C/O MR. HOWARD
1895 BALBOA LANE
CLEARWATER FL 34616

3. Date Incorporated or Qualified
06/07/1988

3a. Date of Last Report
06/19/1995

2. Principal Place of Business
21 **1889 Paradise Lane**

2a. Mailing Address
26 **1889 Paradise Lane**

4. FEI Number
59-2901327

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **Clearwater**

City & State
28 **Clearwater**

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

Zip **34616** Country **FL**

Zip **34616** Country **Pinellas**

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 **Kathleen A. Regan**
82 Street Address (P.O. Box Number is Not Acceptable)
1889 Paradise Lane
83
84 City **Clearwater** FL 85 Zip Code **34616**

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 **Kathleen A. Regan**

Kathleen A. Regan

DATE **1-23-96**

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 **P** ☒ DELETE
NAME **HOWARD, KEVIN A.**
STREET ADDRESS **1895 BALBOA LANE**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Kathleen Regan**
1.3 STREET ADDRESS **1889 Paradise Lane**
1.4 CITY-ST-ZIP **Clearwater FL 34616**

TITLE **VP** ☒ DELETE
NAME **REGAN, KATHY**
STREET ADDRESS **1889 PARADISE LANE**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **S** ☒ DELETE
NAME **GONZALEZ, KAREN**
STREET ADDRESS **1865 CAMEO WAY**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **T** ☐ DELETE
NAME **TRENT, BRENDA**
STREET ADDRESS **1883 BALBOA LN**
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE **T and S/D** ☒ Change ☒ Addition
4.2 NAME **Brenda Trent**
4.3 STREET ADDRESS **1888 Paradise Lane**
4.4 CITY-ST-ZIP **Clearwater FL 34616**

TITLE **D** ☒ DELETE
NAME **GONZALEZ, JEFF**
STREET ADDRESS **1865 CAMEO WAY**
CITY-ST-ZIP **CLEARWATER FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Ron Poole**
5.3 STREET ADDRESS **1892 Paradise Lane**
5.4 CITY-ST-ZIP **Clearwater, FL 34616**

TITLE **D** ☒ DELETE
NAME **ANSELL, SCOTT**
STREET ADDRESS **1889 PARADISE LN**
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **# dep by bank**

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: **Kathleen A. Regan** **Kathleen A. Regan** **1-23-96** **SP54084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-18-1996