

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29525 (5)**

1. Corporation Name

RHC HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3174 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

3174 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1988	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2922589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 ZIP Country	28 ZIP Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLANS, BETH
JMC PROP MGMT
3174 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 the corporation)

(Signature typed or printed name of registered agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMPLAND, SCOTT	12 NAME	Peter Ocker
STREET ADDRESS	4935 WILLOW RIDGE TGERR	13 STREET ADDRESS	555 12th St S. K...
CITY ST ZIP	VALRICO FL	14 CITY ST ZIP	Longboat Key FL 34228
TITLE	VD	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, DAVE	22 NAME	David Gedling
STREET ADDRESS	3916 CEDAR CAY CR	23 STREET ADDRESS	4926 Willow Ridge Terr.
CITY ST ZIP	VALRICO FL	24 CITY ST ZIP	Valrico, FL 33594
TITLE	D	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, LOU	32 NAME	Buck Ludwig
STREET ADDRESS	4316 NEW RIVERHILLS PKWY	33 STREET ADDRESS	4316 New River Hills Pkwy.
CITY ST ZIP	VALRICO FL	34 CITY ST ZIP	Valrico, FL 33594
TITLE	VST	41 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, STEVE	42 NAME	Steve Parker
STREET ADDRESS	27 AVE OF FLOWERS	43 STREET ADDRESS	27 Ave of Flowers
CITY ST ZIP	LONGBOAT KEY FL	44 CITY ST ZIP	Valrico, FL 33594
TITLE	D	51 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANATH, JOHN	52 NAME	John Cranath
STREET ADDRESS	27 AVE OF FLOWERS	53 STREET ADDRESS	27 Ave of Flowers
CITY ST ZIP	LONGBOAT KEY FL	54 CITY ST ZIP	Longboat Key FL
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or in an attachment with an address.

SIGNATURE:

Scott Kimpland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

38282

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Murtha
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
FILED
CORPORATION
GAINESVILLE, FLORIDA

DOCUMENT # **N29615** (4)
1. Corporation Name
PORTER'S OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**214 W. UNIVERSITY AVE. SUITE D
P.O. BOX 2518
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified **12/08/1988** 3a. Date of Last Report **05/01/1994**
4. FID Number **59-2221464** 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

2. Principal Place of Business 2a. Mailing Address
21 505 NW 2nd Avenue 26 505 NW 2nd Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 P.O. Box 2518 27 P.O. Box 2518
City & State City & State
23 Gainesville, FL 32602 28 Gainesville, FL 32602
Zip County Zip County
24 32602 25 Alachua 29 32602 30 Alachua

9. Name and Address of Current Registered Agent
**WILLIAMS, ROSA B.
423 N.W. 6TH PLACE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD WILLIAMS, ROSA B. 423 NW 6TH PLACE GAINESVILLE FL	11 TITLE 11 NAME 11 STREET ADDRESS 11 CITY, ST, ZIP	PT Williams, Rosa B. 1621 NE Waldo Road Gainesville, FL 32609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD COCKERHAM, VIAN M. 915 SE 6TH AVE. GAINESVILLE FL	21 TITLE 21 NAME 21 STREET ADDRESS 21 CITY, ST, ZIP	VD Cockerham-Guinyard, Vian M. 915 SE 6th Avenue Gainesville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD CASTELLO, WAYNE P. 2772 N.W. 43RD. ST. SU W GAINESVILLE FL	31 TITLE 31 NAME 31 STREET ADDRESS 31 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 41 NAME 41 STREET ADDRESS 41 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 51 NAME 51 STREET ADDRESS 51 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 61 NAME 61 STREET ADDRESS 61 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 149.07(2)(b), 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: *Rosa B. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/27/95 904-955-5958