

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

REGISTRATION
ANNUAL REPORT
1995



NON-RESIDENT CORPORATIONS
REGISTERED OFFICE
IN THE STATE OF FLORIDA

APR 1995

95 MAY 1 10 08 AM

DOCUMENT # **N29963**

(8)

SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

LANCEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

13403 WAX MYRTLE TRAIL P.O. BOX 2451 STUART FL 34995		13403 WAX MYRTLE TRAIL P.O. BOX 2451 STUART FL 34995		3. (Date incorporated or applied) 12/29/1988 3a. (Date of Last Report) 05/13/1994 4. FL Taxpayer ID # 65-0080668 Applied For ☐ Not Applicable ☐	
2. Principal Office (FL Statute 607.0502) 21. 12600 NW Harbour Ridge Blvd Suite Apt # etc.		2a. Mailing Address 26. 12600 NW Harbour Ridge Blvd Suite Apt # etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election to Waive Payment of Franchise Tax ☐ \$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. 199.037, Florida Statutes ☐ Yes ☒ No	
22. City & State 23. Palm City FL Zip 34990 25. USA		27. City & State 28. Palm City FL Zip 34990 30. USA			
9. Name and Address of Current Registered Agent SCHULER, JACK C. 13403 WAX MYRTLE TRAIL PALM CITY FL 34990				10. Name and Address of New Registered Agent 81. Name Michael E. Neary 82. Street Address (P.O. Box Number is Not Acceptable) Harbour Ridge 83. 12600 NW Harbour Ridge Blvd 84. City Palm City 85. State FL 86. Zip Code 34990	
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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE: <i>Michael E. Neary</i> MICHAEL E. NEARY GENERAL MANAGER 3/7/95					
12. OFFICERS AND DIRECTORS 12.1 NAME DR DIP PALMER, JACK 12.2 STREET ADDRESS 1304 LANCEWOOD TERRACE 12.3 CITY, ST, ZIP PALM CITY FL 12.4 NAME DP MORRIS, WALTER F. 12.5 STREET ADDRESS 1409 LANCEWOOD TERRACE 12.6 CITY, ST, ZIP STUART FL 12.7 NAME DST D/V P DEBOIS, JAMES A 12.8 STREET ADDRESS 1332 LANCEWOOD TERRACE 12.9 CITY, ST, ZIP PALM CITY FL			13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP 13.5 NAME D/SIT Wishart, Ronald S. ☒ Change ☐ Addition 13.6 STREET ADDRESS 1329 Lancewood Terr 13.7 CITY, ST, ZIP Palm City FL 34990 13.8 NAME 13.9 STREET ADDRESS 13.10 CITY, ST, ZIP 13.11 NAME 13.12 STREET ADDRESS 13.13 CITY, ST, ZIP 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, ST, ZIP 13.17 NAME 13.18 STREET ADDRESS 13.19 CITY, ST, ZIP		
14. I hereby certify that the information supplied with this filing is voluntarily furnished and drawn out promptly for the corporation stated in law (see law 199.02) (b)(4) Florida Statutes. I further certify that the information included on this filing is not a fraudulent and/or 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Change or removal attachment with an address.					
SIGNATURE: <i>John F. Palmer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/7/95		