

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:12

DOCUMENT # N30572 (4)

1. Corporation Name

MIDWAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LEE JAY COLLING, ATTY
20 N ORANGE AVE., STE 700
ORLANDO FL 32801
US

C/O LEE JAY COLLING, ATTY.
20 N ORANGE AVE., STE 700
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1989

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2933904

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLING, LEE JAY
20 N. ORANGE AVE
SUITE 700
ORLANDO FL 32801

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ~~MARCOCCIA, FRANK~~ MORA, CREED I.
STREET ADDRESS 1950 US 1, LOT 76
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE D
1.2 NAME CONNORS, LOU
1.3 STREET ADDRESS 1950 US #1 LOT 29
1.4 CITY-ST-ZIP VERO BEACH FL
☒ Change ☐ Addition

TITLE DVP
NAME ~~SCHWARTZ, LEO~~ COKE, LILLIAN
STREET ADDRESS 1950 S. U.S. 1, LOT # 262
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE D
2.2 NAME KING, PEGGY
2.3 STREET ADDRESS 1950 US #1 LOT 218
2.4 CITY-ST-ZIP VERO BEACH FL
☒ Change ☐ Addition

TITLE DS
NAME ~~MORA, BERTHY~~ GAGER, CONNIE
STREET ADDRESS 1950 S. U.S. 1, LOT 234
CITY-ST-ZIP VERO BEACH FL

3.1 TITLE D
3.2 NAME WYETH, LORETTA
3.3 STREET ADDRESS 1950 S. U.S. 1, LOT 210
3.4 CITY-ST-ZIP VERO BEACH, FL
☐ Change ☐ Addition

TITLE DT
NAME COKE, CHARLES
STREET ADDRESS 1950 S. U.S. 1, LOT 202
CITY-ST-ZIP VERO BCH. FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME ~~BLACKETER, RALPH~~ CARTER, ROBERT
STREET ADDRESS 1950 SOUTH U.S. 1, LOT # 136
CITY-ST-ZIP VERO BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME BROWN, CLARENCE
STREET ADDRESS 1950 SOUTH U.S. 1, LOT 205
CITY-ST-ZIP VERO BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ 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 110.07(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:

CREED I. MORA

13-Feb-1995

562-2479

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Signature / Name