

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N 31621**
1. Corporation Name
HOMEOWNERS OF LA CITA, PHASE II, INC

Principal Place of Business Mailing Address
% Tom Hemmingway
2920 LA CITA LANE
TITUSVILLE, FL. 32780

3. Date Incorporated or Qualified **04/10/1989** 3a. Date of Last Report **04/23/95**
4. FEI Number **59-2949018** 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**
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 **Tom Hemmingway** 26 **2920 LA CITA LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2920 LA CITA LANE** 27
City & State City & State
23 **TITUSVILLE, FL** 28 **TITUSVILLE, FL**
Zip Country Zip Country
24 **32780** 25 **BREVARD** 29 **32780** 30 **BREVARD**

9. Name and Address of Current Registered Agent
FRANK BROWNE
640 LAKEWOOD LANE
TITUSVILLE, FL. 32780

10. Name and Address of New Registered Agent
81 Name **TOM HEMMINGWAY**
82 Street Address (P.O. Box Number is Not Acceptable) **2920 LA CITA LANE**
83
84 City **TITUSVILLE, FL** 85 Zip Code **32780**

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 *Georgia Hunter* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK BROWNE	
STREET ADDRESS	640 LAKEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELIZABETH MORRIS	
STREET ADDRESS	2960 LA CITA LANE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VICKI KETTERER	
STREET ADDRESS	650 LAKEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEORGIA HUNTER	
STREET ADDRESS	3008 LA CITA LANE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RALPH JOHNSON	
STREET ADDRESS	775 WINTERGREEN LANE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TOM HEMMINGWAY	
13 STREET ADDRESS	2920 LA CITA LANE	
14 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GEORGIA HUNTER	
23 STREET ADDRESS	3008 LA CITA LANE	
24 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GARVIN BROCK	
33 STREET ADDRESS	730 WINTERGREEN LANE	
34 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LARRY CLARKE	
43 STREET ADDRESS	740 LAKEWOOD LANE	
44 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	600001869388	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/20/96--01040--014	
63 STREET ADDRESS	***70.00	
64 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: *Georgia Hunter* **GEORGIA HUNTER** 2-17-96 (407) 268 0868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)