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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # N33309 (8)

1. Corporation Name
HOMOSASSA SPRINGS NEIGHBORHOOD WATCH. INC.

Principal Place of Business	Mailing Address
P.O. BOX 1366 HOMOSASSA SPRINGS FL 34447 US	P.O. BOX 1366 HOMOSASSA SPRINGS FL 34447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1989
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2954362 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NAME, ROBERT V
5608 S. CHESTNUT HILL PT.
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

81 Name: GLENN POHL
82 Street Address (P.O. Box Number is Not Acceptable): 2510 N. OLIVIA LANE
83
84 City: LECANTO FL 85 Zip Code: 34461

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: Glenn Pohl — 2-9-95
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	PD	1.1 TITLE	PD.	☒ Change ☐ Addition
NAME	NAME, ROBERT V	1.2 NAME	GLENN POHL	
STREET ADDRESS	5608 S. CHESTNUT HILL PT.	1.3 STREET ADDRESS	2510 N. OLIVIA LANE	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	LECANTO FL, 34461	
TITLE	VPD	2.1 TITLE	VPD.	☒ Change ☐ Addition
NAME	POHL, GLENN	2.2 NAME	PEG. REEDER	
STREET ADDRESS	2510 W. OLIVIA LN.	2.3 STREET ADDRESS	6700 W. GRANT ST.	
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	HOMOSASSA FL, 34448	
TITLE	STD	3.1 TITLE	STD.	☒ Change ☐ Addition
NAME	NICHOLSON, BARBARA	3.2 NAME	BETTE WEHRY	
STREET ADDRESS	3425 S. ARUNDEL TERR.	3.3 STREET ADDRESS	6772 STONEWALL CT.	
CITY-ST-ZIP	HOMOSASSA FL 34446	3.4 CITY-ST-ZIP	HOMOSASSA, FL. 34448	
TITLE		4.1 TITLE	TR.	☒ Change ☐ Addition
NAME		4.2 NAME	RAY L. CURTIS	
STREET ADDRESS		4.3 STREET ADDRESS	5559 W. GAGGEY LOOP	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOMOSASSA SPRINGS, FL. 34447	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(i), 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: Roy L. Curtis — 2/8/95 — (904) 628-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roy L. Curtis

0004868