

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 # N33309 (8)
1. Corporation Name
HOMOSASSA SPRINGS NEIGHBORHOOD WATCH, INC.



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

3. Date Incorporated or Qualified 07/19/1989 3a. Date of Last Report 02/15/1995
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30

9. Name and Address of Current Registered Agent

POHL, GLENN
2510 N. OLIVIA LANE
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name TURNER, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable) 2118 S. SUNWOOD PT.
83
84 City HOMOSASSA FL 85 Zip Code 34448

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 *Robert R. Turner*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POHL, GLENN	1.2 NAME	TURNER, ROBERT
STREET ADDRESS	2510 N. OLIVIA LANE	1.3 STREET ADDRESS	2118 S. SUNWOOD PT.
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDER, PEG	2.2 NAME	POHL, Glenn
STREET ADDRESS	6700 W. GRANT ST.	2.3 STREET ADDRESS	2510 N. OLIVIA LANE
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	LECANTO FL 34461
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRY, BETTE	3.2 NAME	STEINBRING, MARCIA
STREET ADDRESS	6732 STONEWALL CT	3.3 STREET ADDRESS	3775 S. SUNCOAST BV. LOT #10
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, ROY L.	4.2 NAME	TURNER, CAROL
STREET ADDRESS	5558 W. GAGNEY LOOP	4.3 STREET ADDRESS	2118 S. SUNWOOD PT.
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	4.4 CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Robert R. Turner* ROBERT R. TURNER 1/31/96 (352) 628-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)