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Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

P.O. BOX 1366  
HOMOSASSA SPRINGS FL 34447  
US

Mailing Address

P.O. BOX 1366  
HOMOSASSA SPRINGS FL 34447-1366  
US3. Date Incorporated or Qualified  
07/19/19893a. Date of Last Report  
03/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number  
59-2954362Applied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, ROBERT  
2118 S. SUNWOOD PT.  
HOMOSASSA FL 34448

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TURNER, ROBERT  
STREET ADDRESS 2118 S. SUNWOOD PT.  
CITY-ST-ZIP HOMOSASSA FL 34448☐ DELETETITLE VPD  
NAME POHL, GLENN  
STREET ADDRESS 2510 N. OLMA LANE  
CITY-ST-ZIP LECANTO FL 34461☐ DELETETITLE STD  
NAME STEINBRING, MARCIA  
STREET ADDRESS 3775 S. SUNCOAST BV. LOT#10  
CITY-ST-ZIP HOMOSASSA FL 34448☐ DELETETITLE TD  
NAME TURNER, CAROL  
STREET ADDRESS 2118 S. SUNWOOD PT.  
CITY-ST-ZIP HOMOSASSA FL 34448☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Turner 1-14-97 628-1916

Date Daytime Phone # 0065227

CR2E037 (9/96)