

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33419 (5)

1. Corporation Name

**BRUCE'S SUNSHINE HOMES PHASE TWO HOMEOWNERS ASSO
CIATION, INC.**

Principal Place of Business

% BRUCE A. PARTIN
1708 PATRICK ST
KISSIMMEE FL 34741

Mailing Address

% BRUCE A. PARTIN
1708 PATRICK ST
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1989

3a. Date of Last Report

07/28/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 % Frances W. Partin

2a. Mailing Address

26 % Frances W. Partin

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARTIN, HOWARD A.
1708 W. PATRICK ST.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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

Howard A. Partin *Howard A. Partin*

4/26/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PARTIN, BRUCE A.
STREET ADDRESS 1708 PATRICK ST
CITY-ST-ZIP KISSIMMEE FL

TITLE D
NAME PARTIN, FRANCES W.
STREET ADDRESS 1708 PATRICK ST
CITY-ST-ZIP KISSIMMEE FL

TITLE D
NAME TAYLOR, GALE T.
STREET ADDRESS 2515 CHRISTINE DR
CITY-ST-ZIP KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Partin, Marshall B.
1.3 STREET ADDRESS 10345 Bay Lake Road
1.4 CITY-ST-ZIP Groveland, FL 34736

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Partin, Howard A.
3.3 STREET ADDRESS 1708 W. Patrick St.
3.4 CITY-ST-ZIP Kissimmee, FL 34741

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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances W. Partin* *Frances W. Partin* 4/26/95

COOPERS & LYBRAND, L.L.P. 13-5210070

200 S. ORANGE AVENUE - ORLANDO, FLORIDA 32801

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