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

APPROVED AND FILED
95 MAR 15 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33421 (1)

1. Corporation Name
ARCADIA VILLAGE COUNTRY CLUB HOMEOWNER'S ASSOC. INC.

Principal Place of Business	Mailing Address
2692 NE HWY 70 LOT 537 ARCADIA FL 33821 US	2692 NE HWY 70 LOT 537 ARCADIA FL 33821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1989
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0165919 ☐ 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 (21) | 2a. Mailing Address (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

MCKENNA, DONAL L.
2692 NE HWY 70
LOT 14
ARCADIA FL 33821

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President - D	☒ Change ☐ Addition
NAME	SCHWEIZER, RUTH	1.2 NAME	Al Wiens	
STREET ADDRESS	2692 NE HWY 70, #800	1.3 STREET ADDRESS	2692 N.E. Hwy 70 # 11	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	Arcadia, Florida 33821	
TITLE	VPD	2.1 TITLE	Vice President - D	☒ Change ☐ Addition
NAME	HILLS, EDWARD	2.2 NAME	Ed Hazlett	
STREET ADDRESS	2692 NE HWY 70, #15	2.3 STREET ADDRESS	2692 N.E. Hwy 70 # 621	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	Arcadia, Florida 66821	
TITLE	VPD	3.1 TITLE	Vice President - D	☒ Change ☐ Addition
NAME	WIENS, AL	3.2 NAME	Rosemary McTygue	
STREET ADDRESS	2692 NE HWY 70, #11	3.3 STREET ADDRESS	2692 N.E. Hwy 70 # 536	
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	Arcadia, Florida 33821	
TITLE	SD	4.1 TITLE	Secretary - D	☐ Change ☐ Addition
NAME	BRADT, KATHLEEN	4.2 NAME	Kathleen Bradt	
STREET ADDRESS	2692 NE HWY 70, #136	4.3 STREET ADDRESS	2692 N.E. Hwy 70 #136	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	~~Arcadia, Florida 33821~~	
TITLE	TD	5.1 TITLE	Treasurer - D	☐ Change ☐ Addition
NAME	BENDING, JENLDA	5.2 NAME	Jenelda Bending	
STREET ADDRESS	2692 NE HWY. 70, #537	5.3 STREET ADDRESS	2692 N.E. Hwy 70 #537	
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	~~Arcadia, Florida 33821~~	
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	HAZLETT, ED	6.2 NAME	Paul Nyssen	
STREET ADDRESS	2692 NE HWY 70, #621	6.3 STREET ADDRESS	2692 N.E. Hwy 70 # 598	
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP	Arcadia, Florida 33821	

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: Jenelda E. Bending — March 11, 1995 — 813/993-2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JENELDA E. BENDING

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