

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 # 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

3. Date Incorporated or Qualified
07/26/1989

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 2692 N.E. HWY 70

26 2692 N.E. HWY 70

4. FEI Number

65-0165919

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LOT 598

27 LOT 598

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 ARCADIA FL 33821

28 ARCADIA FL 33821

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33821

25 USA

29 33821

30 USA

8. 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

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD WIENS, AL**
STREET ADDRESS **2692 N.E. HWY 70 #11**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ DELETE
NAME **D HAZLETT, ED**
STREET ADDRESS **2692 N.E. HWY #70 #621**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ DELETE
NAME **VPD MCTYGUE, ROSEMARY**
STREET ADDRESS **2692 N.E. HWY #70 #536**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☒ DELETE
NAME **SD BRADT, KATHLEEN**
STREET ADDRESS **2892 N. E. HWY #70 #136**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☒ DELETE
NAME **TD BENDING, JENELDA**
STREET ADDRESS **2692 N. E. HWY #70 #537**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ DELETE
NAME **D NYSSSEN, PAUL**
STREET ADDRESS **2692 N. E. HWY #70 #598**
CITY-ST-ZIP **ARCADIA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **DAVIDSON TED**
1.3 STREET ADDRESS **2692NE HWY 70 #606**
1.4 CITY-ST-ZIP **ARCADIA FL 33821**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MAHAN DALE**
2.3 STREET ADDRESS **2692 N.E. HWY 70 #4**
2.4 CITY-ST-ZIP **ARCADIA FL.**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **WHITE, MARY**
3.3 STREET ADDRESS **2692 N.E. HWY 70 #607**
3.4 CITY-ST-ZIP **ARCADIA FL.**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **NEWMAN BILL**
4.3 STREET ADDRESS **2692 N.E. HWY 70 #407**
4.4 CITY-ST-ZIP **ARCADIA FL**

5.1 TITLE **ST** ☒ Change ☐ Addition
5.2 NAME **NYSSSEN PAUL**
5.3 STREET ADDRESS **2692 N.E. HWY #70 # 598**
5.4 CITY-ST-ZIP **ARCADIA FL**

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

SIGNATURE:

Paul Nyssen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9/95
Date

941-494-0028
Daytime Phone #

CR2E037 (12/95)