

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 598  
ARCADIA FL 33821  
US

2692 NE HWY 70  
LOT 598  
ARCADIA FL 34268-0528  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1989

3a. Date of Last Report

03/27/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 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	<input checked="" type="checkbox"/> DELETE
NAME	WIENS, AL	
STREET ADDRESS	2692 N.E. HWY 70 #11	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAZLET, ED	
STREET ADDRESS	2692 N.E. HWY #70 #621	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCTYGOE, ROSEMARY	
STREET ADDRESS	2692 N.E. HWY #70 #538	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, BILL	
STREET ADDRESS	2692 NE HWY 70 #407	
CITY-ST-ZIP	ARCADIA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	NYSSSEN, PAUL	
STREET ADDRESS	2692 NE HWY #70 598	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THEODORE W DAVIDSON	
1.3 STREET ADDRESS	2692 NE HWY 70 #606	
1.4 CITY-ST-ZIP	ARCADIA FL 34266	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL NYSSSEN	
2.3 STREET ADDRESS	2692 NE HWY 70 #598	
2.4 CITY-ST-ZIP	ARCADIA, FL 34266	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM NEWMAN	
3.3 STREET ADDRESS	2692 NE HWY 70 #407	
3.4 CITY-ST-ZIP	ARCADIA, FL 34266	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY WHITE-SECRETARY	
4.3 STREET ADDRESS	2692 NE HWY 70 #607	
4.4 CITY-ST-ZIP	ARCADIA, FL 34266	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILMA FREE	
5.3 STREET ADDRESS	2692 NE HWY 70 #96	
5.4 CITY-ST-ZIP	ARCADIA, FL 34266	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHARD DOUGLASS	
6.3 STREET ADDRESS	2692 NE HWY 70 #570	
6.4 CITY-ST-ZIP	ARCADIA, FL 34266	

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:

THEODORE W DAVIDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063961

CR2E037 (9/96)