

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:27

DOCUMENT # **N34097 (8)**

1. Corporation Name

**AVON PARK ESTATES HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<b>WILSON ELLIOTT 1860 AVON PARK ESTATES BLVD. AVON PARK FL 33825</b>	<b>WILSON ELLIOTT 1860 AVON PARK ESTATES BLVD. AVON PARK FL 33825</b>

3. Date Incorporated or Qualified <b>08/18/1989</b>	3a. Date of Last Report <b>06/01/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	30

9. Name and Address of Current Registered Agent

**ELLIOTT, WILSON  
1870 AVON PARK ESTATES BLVD.  
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURT, OLSEN	12 NAME	
STREET ADDRESS	1820 SAYERS ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNSERI, LYNN	22 NAME	
STREET ADDRESS	1945 S, AVIB EST BKVD	23 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	24 CITY - ST - ZIP	
TITLE	DP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, WILSON	32 NAME	
STREET ADDRESS	1860 AVON ESTATES BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOK, JIM	42 NAME	
STREET ADDRESS	625 AVON PARK EAST BLVD.	43 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUILES, LUIS	52 NAME	
STREET ADDRESS	2532 BUTKUS ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DEBRA B.	62 NAME	
STREET ADDRESS	1420 OLSEN RD.	63 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	64 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 110.07(3)(a), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn A Sunseri* Date: **5-31-95** Time: **941 453 2225**