

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N34623** (1)  
1. Corporation Name  
**HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**120 HAINESPORT LAKE ALFRED FL 33850** **120 HAINESPORT LAKE ALFRED FL 33850**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/10/1989</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-3018370</b>	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. County	29. County
30. County	

9. Name and Address of Current Registered Agent

**LOVE, SYLVIA H  
120 HAINESPORT  
LAKE ALFRED FL 33850**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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

Signature (Typed or printed name of registered agent and title / agent only)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>FELTER, LYNDIA</b>
STREET ADDRESS	<b>110 HAINESPORT</b>
CITY - ST - ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>DP</b>
NAME	<b>HARRIS, TERESA</b>
STREET ADDRESS	<b>100 HAINESPORT</b>
CITY - ST - ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>DT</b>
NAME	<b>LOVE, SYLVIA</b>
STREET ADDRESS	<b>120 HAINESPORT</b>
CITY - ST - ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>D</b>
NAME	<b>LYON, HARRY WELLARD</b>
STREET ADDRESS	<b>3208 FAIRMONT PLACE</b>
CITY - ST - ZIP	<b>HAINES CITY FL</b>
TITLE	<b>D</b>
NAME	<b>ORTAGUS, ERNEST W</b>
STREET ADDRESS	<b>135 N. ROMANA</b>
CITY - ST - ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>D-Reg for</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>LOVE, James</b>	
13. STREET ADDRESS	<b>120 Hainesport</b>	
14. CITY - ST - ZIP	<b>LAKE ALFRED, FL 33850</b>	
21. TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>HARRIS, Teresa</b>	
23. STREET ADDRESS	<b>100 Hainesport</b>	
24. CITY - ST - ZIP	<b>LAKE ALFRED, FL 33850</b>	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>ORTAGUS, Ernest W</b>	
53. STREET ADDRESS	<b>135 N. ROMANA</b>	
54. CITY - ST - ZIP	<b>LAKE ALFRED, FL 33850</b>	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sylvia H. Love** **Sylvia H. Love** **4-20-95** **(813)2947029**