## FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NIQ77110

DOCU 1. Corporation	MENT # N3774	9 (1)					
LANDOVER HILLS HOMEOWNERS ASSOCIATION, INC.							
Principal Plac	e of Business	Mailing Address			TODAL DEBIO DOM GLOM DISK DIDAE SKOM SKOM DETIL KODE		
1332 LAND TALLAHASS	MCMULLEN OVER PLACE SEE FL 32311	C/O PATTI MCMULLEN 1332 LANDOVER PLACE TALLAHASSEE FL 32311					
US		US		3. Date Incorporated or Qu 04/20/1990	alified 3a. Date of Last Report 05/01/1995		
	face of Business	2a. Mailing Address	1	4. FEI Number	Applied For		
21 6/0 (C Suite, Apt.	ynthia Ihomas	26 C/o Cynthio Suite, Apt. #Jetc.	a Ihoma	<u>59-3017882</u>	Not Applicable		
22 1340	Landover Place	27 1340 Land	over Plac	5. Certificate of Status Desi	ired \$8.75 Additional Fee Required		
City & Stat	hassee, FL	City & State	Clara	6. Election Campaign Finan	scing \$5.00 May Be		
Zip _	Country	28 Tallahasse	Country.		Added to Fees		
24 323	311 25 43		<u> U</u> S	Florida Statutes	ility for intangible tax under s. 199.032,  Yes Manager S. 199.032,		
	9. Name and Address of Current	Registered Agent	84	10. Name and Address of	New Registered Agent		
HOEE	ION KKEVIN		81 Name	Inthia Thoma	a5		
HOEFLICH, KKEVIN 1330 LANDOVER PLACE			82 Street	Address (P.O. Box Number is Not Ad	Place		
	HASSEE FL 32311		83	270 Cas 100101	TIACO		
			84 City		[00] 7 Oct		
			1	allahassee	FL 85 Zip Code 3.23//		
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statutes, t a. Such change was authorized t	he above named co by the corporation's	propration submits this statement for board of directors. Thereby accept the	the purpose of changing its registered office he appointment as registered agent. Lam		
	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	("yn+hia"   nom as alglature, typed or printed name of rey stored agent i	I Y E W U T EY (NOTE F	leg fered April sunature	equired when reinstatingi	5/1/96		
12.	OFFICERS AND		/13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 12		
TITLE	PD DALM A	DELETE	1.1 TITLE	PP	O OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition		
NAME STREET ADDRESS	PENA, PAULA 6744 LANDOVER CIRCLE		1.2 NAME	Dennis Nobles 6631 Landover O	lima le		
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.3 STREET ADDRESS	l ·	3,2,4		
TITLE	PED PED	<b>I</b> ₩0ELETE	1.4 CITY-ST-ZIP 2 1 TITLE	Tallahassee, FL	∠ 323/1 Representation Change Addition		
NAME	HOEFLICH, KEVIN		2.2 NAME	Soott Hansen			
STREET ADDRESS	1330 LANDOVER PLACE		2.3 STREET ADDRESS	6722 Landove	- circle		
CITY-ST-ZIP	TALLAHASSEE FL 32311		2 4 CITY-ST-ZIP	Tallahassec 1	FL 32311		
TITLE	SD MOVE	DELETE	31 TITLE	5D	☐ Change ☐ dddition		
NAME CARSET ADDRESS	PRYOR, VICKIE 6667 LANDOVER CIRCLE		3.2 NAME	Vicki Nobles	A '- A		
STREET ADDRESS CITY - ST - ZIP	TALLAHASSEE FL 32311		3 3 STREET ADDRESS	6631 Landover	'		
TITLE	TD TD	DELETE	3 4. CITY-ST-ZIP 4 1 TITLE	Tallahassee, F	Change Addition		
NAME	MCMULLEN, PATTI	<b>_v</b>	4. 2 NAME	Cynthia Thom 1340 Landover Tallahassee, F	Change (La Assumon)		
STREET ADDRESS	1332 LANDOVER PLACE		4.3 STREET ADDRESS	1340 Landover	Place		
CITY-ST-ZIP	TALLAHASSEE FL 32311		4 4 CiTY - ST - ZiP	Tallahassee . F	L 32311		
TITLE		DELETE	5 1 TITLE		Change Addition		
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5 4 CITY-ST-ZIP				
NAME		ר	6 1 TITLE		☐ Change ☐ Addition		
STREET ADDRESS			6.2 NAME				
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY+ST-ZIP				
	v certify that the information supplied w	th this filing is voluntarily furnished		life for the exemption stated in Castia	110 02/09/10 Florido Chab do - 14 of		

certify that the information indicated on this annual report or supplied with this fluid 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: Cynthia Thomas Chignature and Typed on Printed Name of Signing of