

# 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 # **N37880** (4)

1. Corporation Name

**THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

96 W CYPRESS BLVD  
HOMOSASSA FL 34446  
US

PO BOX 1750  
HOMOSASSA SPRINGS FL 34447  
US

3. Date Incorporated or Qualified  
**04/30/1990**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0286737**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLEAKLEY, W. MICHAEL  
FIRST UNION NATIONAL BANK  
800 N MAGNOLIA AVE, 7TH FLR  
ORLANDO FL 32802**

81 Name  
**Leanne Halsell**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13 Dogwood Drive**  
83  
84 City  
**Homosassa** **FL** 85 Zip Code  
**34446**

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

*Leanne Halsell*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-25-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☒ DELETE  
NAME **TUCKER, FRANK D. J**  
STREET ADDRESS **214 HOGAN ST., 6TH FLR**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **Pres & Dir** ☒ Change ☐ Addition  
1.2 NAME **Janet Allison**  
1.3 STREET ADDRESS **201 E Joel Blvd**  
1.4 CITY-ST-ZIP **Lehigh, FL 33639**

TITLE **VPD** ☒ DELETE  
NAME **BLEAKLEY, W. MICHAEL**  
STREET ADDRESS **800 N MAGNOLIA AVE 7TH FLR**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **Sec & Dir** ☒ Change ☐ Addition  
2.2 NAME **Mary Sue Stapleton**  
2.3 STREET ADDRESS **96 Cypress Blvd., W**  
2.4 CITY-ST-ZIP **Homosassa, FL 34446**

TITLE **STD** ☒ DELETE  
NAME **ELLISOR, WILLIAM B.**  
STREET ADDRESS **214 HOGAN ST., 6TH FLR**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **Treas & Dir** ☒ Change ☐ Addition  
3.2 NAME **Ron A Price**  
3.3 STREET ADDRESS **96 Cypress Blvd**  
3.4 CITY-ST-ZIP **Homosassa, FL 34446**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Janet Allison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**3/18/96**

**941-368-3229**

Date

Daytime Phone #

CR2E037 (12/95)

94-9-94