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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N38125 (3)
1. Corporation Name
TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 964
~~1504 COVINGTON DRIVE~~
HAVANA FL 32333
US

P.O. BOX 964
~~1504 COVINGTON DRIVE~~
HAVANA FL 32333
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1990 3a. Date of Last Report 05/26/1994

4. FEI Number 59-2136699 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address

21 P.O. Box 964 26 P.O. Box 964
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 City & State HAVANA, FLORIDA 28 HAVANA, FLORIDA
City & State
24 32333 25 US 29 32333 30 US
Zip Country Zip Country

9. Name and Address of Current Registered Agent

STAFFORD, WILLIAM
2613 HAVE A TAMPA DR
HAVANA FL 32333

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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 607.005, Florida Statutes.

SIGNATURE William H. Stafford DATE February 11, 1995

Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	STAFFORD, WILLIAM
STREET ADDRESS	2613 HAVE A TAMPA DR
CITY - ST - ZIP	HAVANA FL
TITLE	VP
NAME	SELLERS, JIMMY
STREET ADDRESS	2014 TOBACCO ROAD
CITY - ST - ZIP	HAVANA FL
TITLE	T
NAME	MITCHELL, RICHARD
STREET ADDRESS	2608 HAVE A TAMPA DR
CITY - ST - ZIP	HAVANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/D RAMSEY, SCOTT
2.3 STREET ADDRESS	2205 DUTCH MASTER DRIVE
2.4 CITY - ST - ZIP	HAVANA, FL 32333
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP/D STAFFORD, VIVIAN G.
3.3 STREET ADDRESS	2613 HAVE A TAMPA DRIVE
3.4 CITY - ST - ZIP	HAVANA, FL 32333
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: William H. Stafford WILLIAM H. STAFFORD FEB 11, 1995 704-224-2473

Signature and typed or printed name of signing officer or director DATE Signature Print #