

**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 # **N38125 (3)**

1. Corporation Name  
**TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 964 HAVANA FL 32333 US  
P.O. BOX 964 HAVANA FL 32333 US

3. Date Incorporated or Qualified **05/15/1990** 3a. Date of Last Report **03/02/1995**

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

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

9. Name and Address of Current Registered Agent  
**STAFFORD, WILLIAM  
2613 HAVE A TAMPA DR  
HAVANA FL 32333**

10. Name and Address of New Registered Agent  
81 Name ~~Lee A. Baker~~ **Lee A. Baker**  
82 Street Address (P.O. Box Number is Not Acceptable) **2203 Dutch Master Dr.**  
83  
84 City **Havana** FL 85 Zip Code **32333**

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 Lee A. Baker Treasurer DATE **4-29-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME STAFFORD, WILLIAM	
STREET ADDRESS 2613 HAVE A TAMPA DR	
CITY-ST-ZIP HAVANA FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME RAMSEY, SCOTT	
STREET ADDRESS 2205 DUTCHMASTER DR	
CITY-ST-ZIP HAVANA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME STAFFORD, VIVIAN G.	
STREET ADDRESS 2613 HAVE A TAMPA DR	
CITY-ST-ZIP HAVANA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Carl Oesterle	
1.3 STREET ADDRESS 2607 Have a Tampa Dr.	
1.4 CITY-ST-ZIP Havana, FL 32333	
2.1 TITLE T Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Lee A. Baker	
2.3 STREET ADDRESS 2203 Dutch Master Dr.	
2.4 CITY-ST-ZIP Havana, FL 32333	
3.1 TITLE T Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Betty Kalicki	
3.3 STREET ADDRESS 2400 Tampa Nugget	
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 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: Lee A. Baker DATE **4-29-96** TELEPHONE **(904) 539-1569**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)