

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$145 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 21 1995 07

DOCUMENT # N38541

(1)

1. Corporation Name

ALLAMANDA GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

235 S.W. 10TH AVENUE
 DELRAY BEACH FL 33444
 US

235 S.W. 10TH AVENUE
 DELRAY BEACH FL 33444
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/07/1990

04/12/1994

4. FEI Number

Applied For

65-0331292

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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)

☐ **FILING FEE IS
 \$61.25**

Tax Exempt Status

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

ROSENTHAL, STUART S.
 800 E CYPRESS CREEK RD, #303
 FT LAUDERDALE 33334

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PD
 PEAK, MICHAEL A.
 235 SW 10TH AVENUE
 DELRAY BEACH FL

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VD
 DOUGLAS, DORIS
 3111 S DIXIE HWY #234
 WEST PALM BEACH FL

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STD
 DAVIS, CASANDRA
 3111 S DIXIE HWY #234
 WEST PALM BEACH FL

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
 THOMAS, DARLENE
 235 SW 10TH AVE
 DELRAY BEACH FL

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
 JONES, JACQUILINE
 100 NW 1ST AVE
 DELRAY BEACH FL

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 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 110.07(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 born in attachment with an address).

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/13/95

Daytime Phone #