

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 # **N39296** (1)
1. Corporation Name
FIG TREE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**12600 NW HARBOUR RIDGE BLVD
2400 SOUTH FEDERAL HWY STE 40
PALM CITY FL 34990
US**
**1200 NW HARBOUR RIDGE BLVD
PALM CITY FL 34990
US**

3. Date Incorporated or Qualified **07/23/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0208480** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **Delete line 2** 27 City & State
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEARY, MICHAEL E
12600 NW HARBOUR RIDGE BLVD
PALM CITY FL 34990**

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRESSLER, JAMES P	1.2 NAME	CROSS, Richard
STREET ADDRESS	13016 HARBOUR RIDGE BLVD	1.3 STREET ADDRESS	13021 Harbour Ridge Blvd.
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	DV DELETE	2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORTLY, JOHN L	2.2 NAME	LAUDON, Dennis W.
STREET ADDRESS	13018 HARBOUR RIDGE BLVD	2.3 STREET ADDRESS	13010 Harbour Ridge Blvd
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUTER, PAMELA	3.2 NAME	
STREET ADDRESS	13017 HARBOUR RIDGE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

336-0356

Date

Daytime Phone #

CR2E037 (12/95)