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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

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OAL DOND HOMEOWINEDS ASSOCIATION INC

UAK PUND HUMEUWNERS ASSOCIATION, INC.												
Principal Place of Business			Mailing Address				1 tagettigt at the tast tast			•11 •1•11 100		
8642 EAST SORA COURT INVERNESS FL 66666 34450			8642 EAST SORA COURT INVERNESS FL 2000 34450									
							3. Date Incorporated or Qualified 04/11/1991	3a.	Date of Last R 04/13/199	95		
2. Principal Pla	ce of Business	2a. 26	Mailing Address				4. FEI Number 59-3052082		No.	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		S8.75 Additional Fee Required			
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country 25	29	Zip Cour 29 30				This corporation has liability for intangible tax under s. Florida Statutes			199.032,		
<u> </u>	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New	Registere	d Agent			
					B1	Name				Ì		
HAYNES, ELIZABETH N. 8642 E SORA CT					82	Street A	Address (P.O. Box Number is Not Accepta	able)				
INVERNE	SS FL 82850 34450				83							
					84	City			B5 Zip	Code		
			- 1.550 Ft 11 Ft 1		Ш		and in authorite this statement for the p	-	_	nistered office		
or rogictor	ad agent, or both, in the State of Flor	ida Suct	n change was authoriz	ea ov me c	orpo	oration's l	rporation submits this statement for the p board of directors. I hereby accept the ap	pointment	as registered	agent. I am		
familiar wit	th, and accept the obligations of, Sec	tion 617.	0503, Florida Statutes	i.								
SIGNATURE .	Signature, typed or printed name of registered ager	t acd title J	anni cable (NC	DTE: Registered	Agen	t signature re	equired when reinstating)	DATE	<u> </u>			
12.	OFFICERS AN			13.	- 0-		ADDITIONS/CHANGES TO O	FICERS A	ND DIRECTOR	RS IN 12		
TITLE	D		DELETE	1.1 Ti	TLE				Change	☐ Addition		
NAME	KIRCHEN, EVA			1.2 N	AME							
STREET ADDRESS	1385 S DOVEKIETER			135	TREET	ADDRESS						
CITY-ST-ZIP	INVERNESS FL 3445	50		1.4 0	ITY-S	1-ZIP						
TITLE	DT		DELETE	2.1 Ti	TLE		DT.		Change	Addition		
NAME	HAINES, ELIZABETH		• (2.2 N	AME		Bonnie Holwig	too				
STREET ADDRESS	8642 E SORA CT			2 3 S	TREET	ADDRESS	1396 S. Starling	UK.	2 446			
CITY-ST-ZIP	INVERNESS FL					ST-ZIP	Inverness FLU		34450	Addition		
TITLE	DS		DELETE	31 T	ITLE		DS SALVE DUSCE	mne	Change	☐ Addition		
NAME	SMITH, THELMA		•	32 N			LORRAINE DUPER	te	۲,	ļ		
STREET ADDRESS	1300 S STARLING DR					ADDRESS	1380 5. 501	• •	34450			
CITY - ST - ZIP	INVERNESS FL		Morrett			ST-ZIP	Inverness, FL			Addition		
TITLE	D		DELETE	4.1 7			Warren Chase 1389 S. Purple Ma		A Change			
NAME	CORKREN, MILLIE	n			NAME		1389 S. Purple Ma	rtin"	Ter	'		
STREET ADDRESS	1354 S PURPLE MARTIN TE	н				ADDRESS	100100000	2	44,50	ļ		
CITY-ST-ZIP	INVERNESS FL		MOCI ETC			ST-ZIP	Inverness FL.		Change	Addition		
TITLE	LADONED A ICHIE		DELETE	511	IAME		Staling HAYS		/			
NAME	LARDNER, AJCKIE					T ADDRESS	Sterling HAYS 8641 ES SORA CT					
STREET ADDRESS	1397 S STARLING DR INVERNESS FL						Inverness FL	3	4450			
CITY-ST-ZIP			DELETE		JITUE TITUE	ST-ZIP	110		Change Change	Addition		
TITLE	D SHIPP, RUSSELL		Посселе		NAME		HAYNES, ELIZABET	W.				
NAME	13455 S DAVEKIE TERRACE	:					8642 E SORACT					
STREET ADDRESS	INVERNESS FL	•					INVERNESS, FL	3	4450			
CITY-ST-ZIP	MAKUMEOO LF			040	JII] - 1	ST - ZIP	1 - Marian	10.03/01/13		toe I further		

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: Borne L. Holwing Bennie L. Holwing SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS.

352-344-4171

CR2E037 (12/95)