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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:20

DOCUMENT # N45700 (4)

1. Corporation Name

POLK COUNTY HIGHWAY 27 LANDOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
400 EAGLE LK. LOOP RD. WINTER HAVEN FL 33880 US	P.O. BOX 5609 WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1991	3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-3089270	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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALDWELL, ERNIE
400 EAGLE LAKE LOOP ROAD
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 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 607.0505, Florida Statutes.

SIGNATURE: Ernie Caldwell — Ernie Caldwell — January 12, 1995
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	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, ERNIE	1.2 NAME	
STREET ADDRESS	PO BOX 5609 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYBERRY, R. MATTHEW	2.2 NAME	
STREET ADDRESS	P.O. BOX 568821 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32856-8821	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERS,. JANICE A.	3.2 NAME	
STREET ADDRESS	PO BOX 391 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCKNIGHT, WARREN	4.2 NAME	
STREET ADDRESS	PO BOX 708 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, ROBERT M. JR.	5.2 NAME	
STREET ADDRESS	BOX 593800 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SLADE, JAMES A.	6.2 NAME	
STREET ADDRESS	4960 NEBRASKA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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: Ernie Caldwell — January 12, 1995 — 813-324-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ernie Caldwell

0050474