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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N46176

(6)

ALLENWOOD HOMEOWNER'S ASSOCIATION, INC.

ALLENWOOD HOMEOWNER'S ASSOCIATION, INC.								
rincipal Place of	Business	Mailing Address						
6606 CALVIN LE		6606 CALVIN LEE RD						
GROVELAND FL 34736		GROVELAND FL 34736			A five learnersted or Ouglited	3a. Date of	Last Re	port
					3. Date Incorporated or Qualified 11/25/1991	05/0	01/199	5
		2a. Mailing Address			4. FEt Number		1	olied For
Principal Place	e of Business	26			59-3096408			t Applicable Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	
		27			Election Campaign Financing		\$5.00	May Be
City & State		City & State			Trust Fund Contribution		Added I	
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	intangible tax ur ☐ Yes ☐ No	nder s. 1:	99.032,
Z.ID	25	29	30		Florida Statutes 10. Name and Address of New R			
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	To. Harris and Trees.	<u></u>		
			L	1	10.0 Poy Number is Not Acceptab	nie)		
LEE, CALVIN 6606 CALVIN LEE RD GROVELAND FL 34736		82 Street Ac		Street Addr	dress (P.O. Box Number is Not Acceptable)			
				33				
GRUVELA	ND FL 34/36		-	34 City		F-1 8	85 Zip	Code
			1.3		ration submits this statement for the purify of directors. I hereby accept the app	FL (aintered off
 Pursuant to or registere familiar with 	the provisions of Sections 617.050 ad agent, or both, in the State of Flo n, and accept the obligations of, Se	ction 617.0503, Florida Statutes	3.					
or registere familiar with	n, and accept the obligations of, Se	ction 617.0503, Florida Statutes ent and title if applicable. (N	3. OTE: Registered /	Agent signature require		DATE FICERS AND D	IRECTO	RS IN 12
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SIGNATURE:

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (35)429-2898