NONPROFIT CORPORATION ANNUAL REPORT	NOW: FILING F	FLORIDA DEPART Katherine Secretary DIVISION OF CC	e Harris of State	FILI Jan 21, 19 Secretar	999 8:0 y of Sta	ate
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ALLENWOOD HOMEO	WNER'S ASSOCIATI	on, inc.				
Principal Place of Business	Mail	ing Address		_	•	
6606 CALVIN LEE RD GROVELAND FL 34736	6600	6 CALVIN LEE RD DVELAND FL 34736				
2. Principal Place of Business		Mailing Address		3. Date Incorporated or Qualifed 11/25/1991		
1 Suite, Apt. #, etc.	26 \$	Suite, Apt. #, etc.		4. FEI Number		lied For
2 City & State	27	City & State	·····	59-3096408	Not \$8,75 A	Applicable
3 . Zip Co	28		Country	5. Certificate of Status Desired	Fee Rec	· · · · ·
4	29	3		6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
······································	dress of Current Registe	ared Agent	81 Name	10. Name and Address of New Regis	tered Agent	<u> </u>
	and a second	-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
6606 CALVIN LEE RD			83			
6606 CALVIN LEE RD GROVELAND FL 34736	Sections 617.0502 and 617	7.1508, Florida Statutes	84 City	poration submits this statement for the purpo	FL 85 Zip C See of changing its appointment as rec	registered
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