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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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DIVISION OF CORPORATIONS
95 FEB -7 PM 4:14

DOCUMENT # N46565 (0)

1. Corporation Name
PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1832 SE 183RD CT~~	~~1832 SE 183RD CT~~
SILVER SPRINGS FL 34488	SILVER SPRINGS FL 34488
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1991
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-3180061 ☐ 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 1832 S. E. 183rd Terrace	26 1832 S. E. 183rd Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Silver Springs, Fl.	City & State 28 Silver Springs, Fl.
Zip 24 34488 Country 25 Marion	Zip 29 34488 Country 30 Marion

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CRABBS, RICHARD L.~~ ~~18560 SOUTHEAST 18TH STREET~~ ~~SILVER SPRINGS FL 34488~~	81 Name: Lindberg A. Pullen 82 Street Address (P.O. Box Number is Not Acceptable): 1832 S. E. 183 Terrace 83 84 City: Silver Springs, Fl. FL 85 Zip Code: 34488

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: Lindberg A. Pullen-President 2-3-95
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	D	1.1 TITLE	P/D --~~PRESIDENT~~ Director ☑ Change ☐ Addition
NAME	CRABBS, RICHARD L.	1.2 NAME	Lindberg A. Pullen
STREET ADDRESS	18560 SE 18TH STREET	1.3 STREET ADDRESS	1832 S. E. 183 Terrace
CITY-ST-ZIP	SILVER SPRINGS FL 34488	1.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	D	2.1 TITLE	V/D--Vice-Director ☑ Change ☐ Addition
NAME	~~WEHRING, NICHOLAS A.~~	2.2 NAME	Stanley M. Sholette
STREET ADDRESS	~~18608 S.E. 213T. PL.~~	2.3 STREET ADDRESS	1820 S. E. 187 Avenue
CITY-ST-ZIP	~~SILVER SPRINGS FL 34488~~	2.4 CITY-ST-ZIP	Silver Sorings, Fl. 34488
TITLE	PD	3.1 TITLE	D---Director ☑ Change ☐ Addition
NAME	KILMER, JAMES R.	3.2 NAME	James R. Kilmer
STREET ADDRESS	1855 SE 185TH COURT	3.3 STREET ADDRESS	1855 S. E. 185 Court
CITY-ST-ZIP	SILVER SPRINGS FL 34488	3.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	VD	4.1 TITLE	D---Director ☑ Change ☐ Addition
NAME	MAHERS, LOUIS	4.2 NAME	Louis Mahers
STREET ADDRESS	18571 S.E. 18TH ST.	4.3 STREET ADDRESS	18571 S. E. 18 Street
CITY-ST-ZIP	SILVER SPRINGS FL 34488	4.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	D	5.1 TITLE	S/T-Shirley A. Brown ☑ Change ☐ Addition
NAME	~~BROWN, E C~~	5.2 NAME	Secretary & Treasure
STREET ADDRESS	~~18020 SE 19TH CT~~	5.3 STREET ADDRESS	18625 S. E. 19 Street
CITY-ST-ZIP	~~SILVER SPRINGS FL~~	5.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	STD	6.1 TITLE	D---Director ☐ Change ☐ Addition
NAME	BROWN, SHIRLEY	6.2 NAME	Richard L. Crabbs
STREET ADDRESS	18625 SE 19TH ST	6.3 STREET ADDRESS	18560 S. E. 18 Street
CITY-ST-ZIP	SILVER SPRINGS FL	6.4 CITY-ST-ZIP	Silver Springs, Fl. 34488

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 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 alteration.

SIGNATURE: Lindberg A. Pullen Feb. 3, 95 904-625-9493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0065501