FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49629 (1)

1. Corporation Name
APPALOOSA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6741 WONDERLAKE DRIVE PENSACOLA FL 32526	VALKYRY WAY CANTONMENT FL 32533 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-3195210 ☐ 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

21. Principal Place of Business	26. Mailing Address
2810 Valkyry Way [redacted]	2810 Valkyry Way [redacted]
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State: Cantonment FL	28. City & State: Cantonment FL
24. Zip: 32533 — 25. Country	29. Zip: 32533 — 30. Country

9. Name and Address of Current Registered Agent

BARE, DOYLE O.
2811 VALKYRY WAY
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name: Infinger Phil L
82 Street Address (P.O. Box Number is Not Acceptable): 2810 Valkyry Way
83
84 City: Cantonment FL 85 Zip Code: 32533

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: Phil Lance Infinger Phil Lance Infinger PD — 3-25-95
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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BARE, DOYLE O.	1.2 NAME	Infinger Phil L	
STREET ADDRESS	2811 VALKYRY WAY	1.3 STREET ADDRESS	2810 Valkyry Way	
CITY-ST-ZIP	CANTONMENT FL 32533	1.4 CITY-ST-ZIP	Cantonment FL 32533	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	INFINGER, P. LANCE	2.2 NAME	Heaton Les	
STREET ADDRESS	2810 VALKYRY WAY	2.3 STREET ADDRESS	2851 Valkyry Way	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	Cantonment FL 32533	
TITLE	TSD	3.1 TITLE	TSD	☑ Change ☐ Addition
NAME	DREW, ELSIE	3.2 NAME	Infinger Susan H	
STREET ADDRESS	2894 VALKYRY WAY	3.3 STREET ADDRESS	2810 Valkyry Way	
CITY-ST-ZIP	CANTONMENT FL 32533	3.4 CITY-ST-ZIP	Cantonment FL 32533	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Phil Lance Infinger Phil Lance Infinger — 3-25-95 — (904)4785857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A49