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Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49629 (1)

1. Corporation Name

APPALOOSA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2810 VALKYRY WAY
CANTONMENT FL 32533
US2810 VALKYRY WAY
CANTONMENT FL 32533-3614
US3. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
12/02/1996

2. Principal Place of Business

2a. Mailing Address

21 2811 VALKYRY WAY
Suite, Apt. #, etc.26 2811 VALKYRY WAY
Suite, Apt. #, etc.4. FEI Number
59-3195210Applied For
Not Applicable

22 City & State

27 City & State

23 CANTONMENT FL
Zip Country28 CANTONMENT FL
Zip Country5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

24 32533

25 ESCAMBIA

29 32533

30 ESCAMBIA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INFINGER, PHIL L
2810 VALKYRY WAY
CANTONMENT FL 32533

81 Name ROBERT R. MCLAUGHLIN

82 Street Address (P.O. Box Number is Not Acceptable)
2811 VALKYRY WAY

83

84 City CANTONMENT FL 85 Zip Code 32533

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(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
NAME INFINGER, PHIL L
STREET ADDRESS 2810 VALKYRY WAY
CITY-ST-ZIP CANTONMENT FL
☒ DELETE1.1 TITLE PD
1.2 NAME MCLAUGHLIN, ROBERT R.
1.3 STREET ADDRESS 2811 VALKYRY WAY
1.4 CITY-ST-ZIP CANTONMENT, FL 32533
☒ Change ☐ AdditionTITLE VD
NAME HEATON, LES
STREET ADDRESS 2851 VALKYRY WAY
CITY-ST-ZIP CANTONMENT FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE TSD
NAME BRAY, HERMAN
STREET ADDRESS 2840 VALKYRY WAY
CITY-ST-ZIP CANTONMENT FL 32533
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

Date

Daytime Phone # 200-0000

CP2E037 (9/96)