

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:18

DOCUMENT # **N93000001554 (5)**

1. Corporation Name

SOUTHLAND COURT HOME OWNERS CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

103 SOUTHLAND CT
AVON PARK FL 33825

103 SOUTHLAND CT
AVON PARK FL 33825

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

03/15/1994

4. FEI Number

NOT APPLICABLE

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAUCH, ROBERT
103 SOUTHLAND CT
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81

Name *Robert Dauch*

82

Street Address (P.O. Box Number is Not Acceptable)

83

103 Southland Court

84

City *Avon Park*

FL

85

Zip Code *33825*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	MCMaster, JOHN
STREET ADDRESS	4070 LAWRENCE AVE. E. #204
CITY-ST-ZIP	SCARBOROUGH ONT. CAN. M1E2R2
TITLE	TD
NAME	WEIGHT, GLORIA
STREET ADDRESS	RR 1, HWY. 503
CITY-ST-ZIP	NORLAND ONT. CANADA K0M2L0
TITLE	SD
NAME	SHELLARD, GRACE
STREET ADDRESS	321 FAIRVIEW DR.
CITY-ST-ZIP	BRANTFORD, ONT. CAN. N3R2X5
TITLE	D
NAME	DUNAHEE, RUSSELL
STREET ADDRESS	428 GLENWOOD AVE.
CITY-ST-ZIP	OLNEY IL 62450
TITLE	PD
NAME	DAUCH, ROBERT
STREET ADDRESS	6557 S.R. 412
CITY-ST-ZIP	CLYDE OH 43410
TITLE	D
NAME	COLE, PAULINE
STREET ADDRESS	R.R. 1, BOX 282
CITY-ST-ZIP	CANTON PA 17724

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT DAUCH Robert Dauch

1-25-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime (Year)