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 MAY -1 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002627 (8)

1. Corporation Name

MAYGROVE VILLAGE HOMEOWNERS ASS. INC.

Principal Place of Business	Mailing Address
1725. GIB - GALLOWAY RD #34 LAKELAND FL 33809	1725. GIB - GALLOWAY RD #34 LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3224283 ☐ 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 1725 Gib-Galloway Rd.	26 1725 Gib-Galloway Rd.
Suite, Apt. #, etc. 22 #6	Suite, Apt. #, etc. 27 #6
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip / Country 24 33809 / 25 Polk	Zip / Country 29 33809 / 30 Polk

9. Name and Address of Current Registered Agent

CAREY, DOROTHY
1725, GIB - GALLOWAY RD
#34
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: Dorothy Zehner
82 Street Address (P.O. Box Number is Not Acceptable): 1725 Gib-Galloway Rd.
83: #6
84 City: Lakeland FL 85 Zip Code: 33809

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: Dorothy Zehner — Dorothy Zehner — 4-26-95
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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SHINDEL, CARL E	1.2 NAME	Joseph Jubert	
STREET ADDRESS	1725 GIB CALLOWAY #22	1.3 STREET ADDRESS	1725 Gib-Galloway Rd., #19	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	VP	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BURNHAM, LLOYD	2.2 NAME	Carl Shindel	
STREET ADDRESS	1725 GIB GALLOWAY RD #15	2.3 STREET ADDRESS	1725 Gib-Galloway Rd., #22	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BURKE, JANET	3.2 NAME	Louise Burnham	
STREET ADDRESS	1725 GIB GALLOWAY #50	3.3 STREET ADDRESS	1725 Gib-Galloway Rd., #15	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	METEKEL, BILL	4.2 NAME		
STREET ADDRESS	1725 GIB GALLOWAY #71	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JUBERT, JOSEPH	5.2 NAME	Priscilla Jubert	
STREET ADDRESS	1725 GIB GALLOWAY #19	5.3 STREET ADDRESS	1725 Gib-Galloway Rd., #19	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HAYES, MILTON	6.2 NAME	George Shaw	
STREET ADDRESS	1725 GIB GALLOWAY #58	6.3 STREET ADDRESS	1725 Gib-Galloway Rd., #38	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, FL 33809	

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: Carl Shindel — Carl Shindel, Vice-President — 4-26-95 — (813) 858-5194
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING AS OFFICER OR DIRECTOR — Date — Daytime Phone #

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