

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002627 (8)

1. Corporation Name

MAYGROVE VILLAGE HOMEOWNERS ASS. INC.



Principal Place of Business

**1725 GIB-GALLOWAY ROAD
#6
LAKELAND FL 33809
US**

Mailing Address

**1725 GIB-GALLOWAY RD.
#6
LAKELAND FL 33809
US**

3. Date Incorporated or Qualified
06/11/1993

3a. Date of Last Report
05/01/1995

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

10. Name and Address of New Registered Agent

**ZEHNER, DOROTHY
1725 GIB-GALLOWAY RD.
6
LAKELAND FL 33809**

81 Name

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

83

84 City

FL

85 Zip Code

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 in parentheses

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JUBERT, JOSEPH**
STREET ADDRESS **1725 GIB-GALLOWAY RD., #19**
CITY-ST-ZIP **LAKELAND FL**

TITLE **V** ☐ DELETE
NAME **SHINDEL, CARL**
STREET ADDRESS **1725 GIB-GALLOWAY RD., #22**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **BURNHAM, LOUISE**
STREET ADDRESS **1725 GIB-GALLOWAY RD., #15**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **METEKEL, BILL**
STREET ADDRESS **1725 GIB GALLOWAY #71**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **JUBERT, PRISCILLA**
STREET ADDRESS **1725 GIB GALLOWAY RD., # 19**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **SHAW, GEORGE**
STREET ADDRESS **1725 GIB-GALLOWAY RD., #38**
CITY-ST-ZIP **LAKELAND FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(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 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

4-19-96

(941) 859-3324

Date

Daytime Phone #

CR2E037 (12/95)