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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US3. Date Incorporated or Qualified
06/11/19933a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3224283

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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

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

81 Name

JUBERT, PRISCILLA

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

1725 GIB-GALLOWAY RD., #19

83

19

84 City

LAKELAND

FL

85 Zip Code

33810

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

Priscilla Jubert

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

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JUBERT, JOSEPH
STREET ADDRESS 1725 GIB-GALLOWAY RD., #19
CITY-ST-ZIP LAKELAND FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V
NAME SHINDEL, CARL
STREET ADDRESS 1725 GIB-GALLOWAY RD., #22
CITY-ST-ZIP LAKELAND FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME BURNHAM, LOUISE
STREET ADDRESS 1725 GIB-GALLOWAY RD., #15
CITY-ST-ZIP LAKELAND FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME METEKE, BILL
STREET ADDRESS 1725 GIB GALLOWAY #71
CITY-ST-ZIP LAKELAND FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME JUBERT, PRISCILLA
STREET ADDRESS 1725 GIB GALLOWAY RD., # 19
CITY-ST-ZIP LAKELAND FL☐ DELETE5.1 TITLE D DOROTHY ZEHNER
5.2 NAME DOROTHY ZEHNER
5.3 STREET ADDRESS 1725 GIB-GALLOWAY RD., #6
5.4 CITY-ST-ZIP LAKELAND, FL 33810TITLE D
NAME SHAW, GEORGE
STREET ADDRESS 1725 GIB-GALLOWAY RD., #38
CITY-ST-ZIP LAKELAND FL☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Priscilla Jubert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (941)859-6632

Date

Daytime Phone # 0079294

CR2E037 (9/96)