

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY 22 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N93000004059 (2)

1. Corporation Name

BANNER LAKE - GOMEZ CIVIC ASSOCIATION, INC.

Principal Place of Business

**12212 SE LANTANA AVE
HOBE SOUND FL 33475
US**

Mailing Address

**P.O. BOX 1229
HOBE SOUND FL 33475
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

APPLIED FOR (65-0490159)

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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. 189.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LOVELY, MARY
8575 SE MARS ST.
HOBE SOUND FL 33475**

10. Name and Address of New Registered Agent

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 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

MARY LOVELY

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

(NOTE: Registered Agent signature required when reappointing)

MAY 18, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LOVELY, MARY
8575 SE MARS ST.
HOBE SOUND FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**T/D
LOVELY, MARY
8575 SE MARS ST.
HOBE SOUND, FL**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LOVELY, DANIEL
8574 SE MARS
HOBE SOUND FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MILLER, GAYLE
8429 SE CITRUS AVE
HOBE SOUND FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
**V/D
BRYANT, RONNIE
7856 HILLTOP TERRACE
GOMEZ, FL**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BRYANT, LAWRENCE
8484 SE DATE ST.
HOBE SOUND FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
**P/D
MALLER, GAYLE
8429 SE CITRUS AVE
HOBE SOUND, FL**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(4), 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:

Mary Lovely

MARY LOVELY

MAY 18, 1995

DATE

Daytime Phone #

**407
546-6347**