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

MAY 2 17

DOCUMENT # **N93000005101 (1)**

1. Corporation Name

NATIONAL HOMEOWNERS SOCIETY, INC.

Principal Place of Business	Mailing Address
2451 MCMULLAN BOOTH RD. SUITE 265 CLEARWATER FL 34619	2451 MCMULLAN BOOTH RD. SUITE 265 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 09/06/1994
4. FEI Number: 59-3234001 ☐ 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 2530 State Rd. 580 E.	26 2530 S. Rd 580 E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater F	28 City & State
24 Zip 34621 / 25 Country USA	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

YONTECK, FRED
2831 LANDOVER DR.
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	11 TITLE	☐ Change ☐ Addition
NAME	YONTECK, FRED	12 NAME	
STREET ADDRESS	2831 LANDOVER DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	14 CITY-ST-ZIP	
TITLE	P/D	21 TITLE	☒ Change ☐ Addition
NAME	YONTECK, DEANA L	22 NAME	Deleted
STREET ADDRESS	2831 LANDOVER DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	YONTECK, FRED	32 NAME	600001498306
STREET ADDRESS	2831 LANDOVER DR.	33 STREET ADDRESS	-05/24/95--01065--007
CITY-ST-ZIP	CLEARWATER FL 34621	34 CITY-ST-ZIP	****155.00 ****155.00
TITLE	S/D	41 TITLE	☐ Change ☐ Addition
NAME	YONTECK, TODD	42 NAME	
STREET ADDRESS	11031 SPRINGRIDGE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	xA 5-19-95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	**REMITTED BY MAY 1**

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: _____ Fred Yontec 5-15-95 813 797-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0044347