

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT •
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005101 (1)

1. Corporation Name

NATIONAL HOMEOWNERS SOCIETY, INC.



Principal Place of Business

2530 STATE RD. E. #580
CLEARWATER FL 34621

Mailing Address

2530 STATE RD. E. #580
CLEARWATER FL 34621

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **2831 LANDOVER DR.**
Suite, Apt. #, etc.

26 **2831 LANDOVER DR.**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **CLEARWATER FL**
Zip Country

28 **CLEARWATER FL**
Zip Country

24 **34621** 25 **USA**

29 **34621** 30 **USA**

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

8. 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

YONTECK, FRED
2831 LANDOVER DR.
CLEARWATER FL 34621

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CEO**
STREET ADDRESS **YONTECK, FRED**
CITY - ST - ZIP **2831 LANDOVER DR.**
CLEARWATER FL 34621

TITLE ☒ DELETE
NAME **YONTECK, FRED**
STREET ADDRESS **2831 LANDOVER DR.**
CITY - ST - ZIP **CLEARWATER FL 34621**

TITLE ☒ DELETE
NAME **S/D**
STREET ADDRESS **YONTECK, TODD**
CITY - ST - ZIP **11031 SPRINGRIDGE RD.**
TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **300001812468**
5.3 STREET ADDRESS **-05/08/96--01008--010**
5.4 CITY - ST - ZIP *****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Fred Yonteck

DATE

Daytime Phone #

4/16/96 813 797-1644

CR2E037 (12/95)