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 AND FILED

95 MAY -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005202 (7)

1. Corporation Name

LOSCO WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4649 HARPERS FERRY LN JACKSONVILLE FL 32257	4649 HARPERS FERRY LN JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3214103 ☐ 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 11244 W. STONEY POINT LN	26 11244 W. STONEY POINT LN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32257 / County 25	Zip 29 32257 / Country 30

9. Name and Address of Current Registered Agent

DENZIO, RICHARD C
4649 HARPERS FERRY LN
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Michael PARKER
82 Street Address (P.O. Box Number is Not Acceptable): 11244 W. STONEY POINT LANE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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: Michael W Parker — Michael W Parker
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DENZIO, RICHARD C	12 NAME	Michael PARKER	
STREET ADDRESS	4649 HARPERS FERRY LN.	13 STREET ADDRESS	11244 W. STONEY POINT LN	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	V	21 TITLE	Chester MAPLES	☒ Change ☐ Addition
NAME	ROZMUS, WILLIAM H	22 NAME	Vice President	
STREET ADDRESS	11164 STONEY POINT LN. W.	23 STREET ADDRESS	11260 LOSCO JUNCTION DR S	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	WEEKS, LAURIE A	32 NAME	Sherry MERTZ	
STREET ADDRESS	4771 HARPERS FERRY LN.	33 STREET ADDRESS	4747 HARPERS FERRY LN	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	PARKER, MICHAEL W	42 NAME	Christine HARRIS	
STREET ADDRESS	11244 STONEY POINT LN. W.	43 STREET ADDRESS	11271 LOSCO JUNCTION DR S.	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MILM, JOSEPH A	52 NAME		
STREET ADDRESS	11135 STONEY POINT LN. W.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FRANCES E	62 NAME		
STREET ADDRESS	11157 LOSCO JUNCTION DRIVE SOUTH	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: Michael W Parker 4-5-95 (904) 731-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026738