

# 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 # N93000005202 (7)**

1. Corporation Name

**LOSCO WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

11244 W STONEY POINT LN  
JACKSONVILLE FL 32257  
US

11244 W STONEY POINT LN  
JACKSONVILLE FL 32257  
US

3. Date Incorporated or Qualified  
**11/17/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4649 HARPERS FERRY LN**

26 **4649 HARPERS FERRY LN**

4. FEI Number  
**59-3214103**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Jacksonville FL**

28 **Jacksonville FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 **32257**

25 **US**

29 **32257**

30 **US**

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

**PARKER, MICHAEL  
11244 W STONEY POINT LANE  
JACKSONVILLE FL 32257**

81 Name **RICHARD C. DENZIO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4649 HARPERS FERRY LN**

84 City **JACKSONVILLE**

FL

85 Zip Code  
**32257**

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 **RICHARD C. DENZIO** *Richard C. Denzio*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**2/11/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **PARKER, MICHAEL**  
STREET ADDRESS **11244 W STONEY POINT LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **VP/DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **MAPLES, CHESTER**  
STREET ADDRESS **11260 LOSCO JUNCTION DR S**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **S** ☐ DELETE  
NAME **MERTZ, SHERRY**  
STREET ADDRESS **4747 HARPERS FERRY LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **T** ☒ DELETE  
NAME **HARRIS, CHRISTINE**  
STREET ADDRESS **11271 LOSCO JUNCTION DR S**  
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
4.2 NAME **KAREN Copeland**  
4.3 STREET ADDRESS **11132 STONEY POINT LN W.**  
4.4 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ DELETE  
NAME **MILM, JOSEPH A**  
STREET ADDRESS **11135 STONEY POINT LN. W.**  
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **JOHNSON, FRANCES E**  
STREET ADDRESS **11157 LOSCO JUNCTION DRIVE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE **PRESIDENT/DIRECTOR** ☐ Change ☒ Addition  
6.2 NAME **RICHARD C. DENZIO**  
6.3 STREET ADDRESS **4649 HARPERS FERRY LN**  
6.4 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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 **RICHARD C. DENZIO** *Richard C. Denzio* **2/11/96** **904 260-3089**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)