

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:05

DOCUMENT # N94000001285 (5)
1. Corporation Name
REPLAT OF TRACT 4, LAKE MCCOY OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
832 IRMA AVE. ORLANDO FL 32803 832 IRMA AVE. ORLANDO FL 32803

700001520637
-06/22/95--01050--015
****138.75 ****138.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 320 McCoy Village Court 26 320 McCoy Village Court
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Apopka Florida 29 Apopka Florida
Zip Country Zip Country
32712 Orange 32712 Orange

3. Date Incorporated or Qualified 3a. Date of Last Report
03/10/1994
4. FEI Number Applied For
59-3229212 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

9. Name and Address of Current Registered Agent
WATSON, BARRY L
832 IRMA AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name Ernie Reed
82 Street Address (P.O. Box Number is Not Acceptable) 320 McCoy Village Court
83
84 City Apopka 85 Zip Code FL 32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 *E. Reed* Ernie Reed 1/31/95
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	D/ President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BARRY L	12 NAME	Ernie Reed
STREET ADDRESS	832 IRMA AVE.	13 STREET ADDRESS	320 McCoy Village Court
CITY ST ZIP	ORLANDO FL 32803	14 CITY ST ZIP	Apopka FL 32712
TITLE	DV	21 TITLE	D/ Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BONNIE R	22 NAME	Ivette Rodriguez
STREET ADDRESS	832 IRMA AVE.	23 STREET ADDRESS	318 McCoy Village Court
CITY ST ZIP	ORLANDO FL 32803	24 CITY ST ZIP	Apopka FL 32712
TITLE		31 TITLE	D/ Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Kim Eddy
STREET ADDRESS		33 STREET ADDRESS	352 McCoy Village Court
CITY ST ZIP		34 CITY ST ZIP	Apopka FL 32712
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 110.07(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: *E. Reed*
Ernie Reed, President
Date: 1/30/95
Telephone: 407/880-8268

REMITTED BY MAY 1

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