

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2: 09

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mornham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000004412 (2)
1. Corporation Name
HOMWOOD EASEMENT OWNERS ASSOCIATION, INC.

Principal Place of Business 300 COLORADO AVENUE STUART FL 34994	Mailing Address 23 NORTH RIDGEVIEW ROAD STUART FL 34996
---	---

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/02/1994	3a. Date of Last Report FIRST FILING
4. FEI Number 65-0526530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 90 CONNOLLY	2a. Mailing Address 26
Suite, Apt. #, etc. 22 23 N. RIDGEVIEW RD	Suite, Apt. #, etc. 27
City & State 23 STUART, FL	City & State 28
Zip 24 34996	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

SANDS, DOUGLAS K 300 COLORADO AVENUE STUART FL 34994	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

10. Name and Address of New Registered Agent

	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 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 the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR/PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM D. CONNOLLY
1.3 STREET ADDRESS	23 N. RIDGEVIEW RD
1.4 CITY-ST-ZIP	STUART, FL 34996
2.1 TITLE	DIRECTOR/VICE PRESIDENT/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD C. COOK
2.3 STREET ADDRESS	22 N. RIDGEVIEW RD.
2.4 CITY-ST-ZIP	STUART, FL 34996
3.1 TITLE	DIRECTOR/SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRISCILLA I. PAGANO
3.3 STREET ADDRESS	19 N. RIDGEVIEW RD.
3.4 CITY-ST-ZIP	STUART, FL 34996
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Connolly, Pres **3/14/95** (407) 287-8315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR