FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Feb 13 1997 8:00am
Secretary of State

DOCUMENT #   N94000006020 (1)

1. Corporation Name

SAFE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12215 UNIVERSITY BLVD STE 130 ORLANDO FL 32817 US	12215 UNIVERSITY BLVD STE 130 ORLANDO FL 32817-2133 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/08/1994	04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-3286863	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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
HAUG, ERIC S 101 NO. MONROE SITE 1090 TALLAHASSEE FL 32301	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, MONTE E		1.2 NAME	
STREET ADDRESS	3380 SUMMER VIEW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONER, COLONEL V.		2.2 NAME	
STREET ADDRESS	3466 SCOUT LAKE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	
TITLE	SVD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, THOMAS		3.2 NAME	
STREET ADDRESS	2900 WHISKERY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPICCIA, JOSEPH		4.2 NAME	
STREET ADDRESS	3060 FOXHALL OVERLOOK		4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Colonel V. Doner   February 5, 1997   1-407-365-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0017351