

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

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95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

5-1-95 6442



DOCUMENT # **N94000006065 (6)**

1. Corporation Name:  
**A PLACE AT THE PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: **4950 S. PENINSULA DR. PONCE INLET FL 32127**

Mailing Address: **4950 S. PENINSULA DR. PONCE INLET FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1994**

3a. Date of Last Report

4. FEI Number  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. Does corporation have liability for intangible tax under s. 194.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

22. City & State

23. Zip

24. Country

25. Zip

26. Suite, Apt. #, etc

27. City & State

28. Zip

29. Country

30. Zip

9. Name and Address of Current Registered Agent

**DONALD E. HAWKINS, P.A.  
501 S. RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114**

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 **FL**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **DP**

NAME: **SCHAMMEL, CHARLES J**

STREET ADDRESS: **4950 S. PENINSULA DR.**

CITY, ST, ZIP: **PONCE INLET FL 32127**

TITLE: **DST**

NAME: **ENGLE, ANGIE**

STREET ADDRESS: **4950 S. PENINSULA DR.**

CITY, ST, ZIP: **PONCE INLET FL 32127**

TITLE: **DV**

NAME: **VISCOMI, VINCE**

STREET ADDRESS: **27 S. ORCHARD ST.**

CITY, ST, ZIP: **ORMOND BEACH FL 32174**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE  Change  Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE  Change  Addition

22. NAME: **Engel, Angie**

23. STREET ADDRESS: **4950 S. Peninsula Dr.**

24. CITY, ST, ZIP: **Ponce Inlet, FL 32127**

31. TITLE  Change  Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE  Change  Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE  Change  Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE  Change  Addition

62. NAME

63. STREET ADDRESS

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 original 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: *Charles J. Schammel* **Charles J. Schammel** 4/30/95 904-767-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR