

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002944 (5)

1. Corporation Name

SUMTER SQUARE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 492160  
LEESBURG FL 34749-2160

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LEESBURG FL 34749-2160

3. Date Incorporated or Qualified  
06/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

4. FEI Number  
59-3333968

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

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

PULLUM, MARYBETH L  
1330 W CITIZENS BLVD  
SUITE 701  
LEESBURG FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PVST ☐ DELETE  
NAME BROWN, RONALD D  
STREET ADDRESS 7928 S HWY 441  
CITY-ST-ZIP LEESBURG FL 34748

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME BROWN, RONALD D  
STREET ADDRESS 7928 S HWY 441  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ DELETE  
NAME KIMMEL, DAWN  
STREET ADDRESS 7928 S HWY 441  
CITY-ST-ZIP LEESBURG FL 34748

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME ROBERTS, DAWN  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☒ Addition

TITLE D ☒ DELETE  
NAME ZAHRADNIK, ROBERT  
STREET ADDRESS 303 WATERWOOD DR  
CITY-ST-ZIP YAHALA FL 34787

4.1 TITLE ☒ Change ☒ Addition  
4.2 NAME Fox, Gregory E.  
4.3 STREET ADDRESS 7928 S. Hwy 441  
4.4 CITY-ST-ZIP Leesburg FL 34748

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D. Brown, President

Date

4/5/96

(352) 365-0200

Daytime Phone

CR2E037 (12/95)