

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004152 (3)

1. Corporation Name

CHERON VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

13012 S.W. 9TH CT.
DAVIE FL 33325

Mailing Address

13012 S.W. 9TH CT.
DAVIE FL 33325

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report

4. FEI Number

65-0620107

Applied For

Not Applicable

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

29

30

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HAIGLER, BARBARA
13012 S.W. 9TH CT.
DAVIE FL 33325

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

TITLE D
NAME HAIGLER, BARBARA
STREET ADDRESS 13012 S.W. 9TH CT.
CITY-ST-ZIP DAVIE FL 33325 ☐ DELETE

TITLE D
NAME STREET, LORA GOODMAN
STREET ADDRESS 13011 S.W. 9TH CT.
CITY-ST-ZIP DAVIE FL 33325 ☐ DELETE

TITLE D
NAME RUSSELL, KAREN
STREET ADDRESS 13052 S.W. 9TH CT.
CITY-ST-ZIP DAVIE FL 33325 ☒ DELETE

TITLE D
NAME REYNOLDS, CHRIS
STREET ADDRESS 13021 S.W. 9TH CT.
CITY-ST-ZIP DAVIE FL 33325 ☐ DELETE

TITLE D
NAME O'DONNELL, CAROL
STREET ADDRESS 13022 S.W. 9TH CT.
CITY-ST-ZIP DAVIE FL 33325 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D
JIM BRETTI
13001 S.W. 9 CT.
DAVIE, FL 33325

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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:

Barbara Haigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/96

Daytime Phone #

954 484-3800

0009465

CR2E037 (3/96)