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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004935 (1)**

1. Corporation Name

NICHOLAS HEIGHTS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

**109 MAIN STREET
AUBURNDAL FL 33823**

Mailing Address

**109 MAIN STREET
AUBURNDAL FL 33823-3401**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report 06/04/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3346619	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, CHARLES W
109 MAIN STREET
AUBURNDAL FL 33823**

10. Name and Address of New Registered Agent

81 Name	MARTHA HOBBS
82 Street Address (P.O. Box Number is Not Acceptable)	495 ARNESON AVE.
83	
84 City	AUBURNDAL
FL	85 Zip Code 33823

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 *Martha Hobbs* **MARTHA HOBBS** DATE **1/5/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	JOHNSON, CHARLES W	1.2 NAME	Martha Hobbs
STREET ADDRESS	109 MAIN STREET	1.3 STREET ADDRESS	495 Arneson Ave.
CITY-ST-ZIP	AUBURNDAL FL 33823	1.4 CITY-ST-ZIP	Auburndale FL 33823
TITLE	D	2.1 TITLE	Director
NAME	JOHNSON, DOT C	2.2 NAME	499 Arneson Ave.
STREET ADDRESS	111 FAIRHAVEN DRIVE	2.3 STREET ADDRESS	Auburndale, FL 33823
CITY-ST-ZIP	AUBURNDAL FL 33823	2.4 CITY-ST-ZIP	Director
TITLE	D	3.1 TITLE	Director
NAME	MARSHA HOBBS	3.2 NAME	497 Arneson Ave.
STREET ADDRESS	495 ARNESON	3.3 STREET ADDRESS	Auburndale, FL 33823
CITY-ST-ZIP	AUBURNDAL FL	3.4 CITY-ST-ZIP	Director
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Dot C Johnson* **DOT C JOHNSON**

CR2E037 (9/96)