## **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

DOCUMENT #

N95000005095 (3)

FROST SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

## **FILED** May 20 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address			POCEL DRIVE BOIR! AIII	88150 18101 9111 1881
33645 SUNSHIN ZEPHYRHILLS I		33645 SUNSHINE ROAD ZEPHYRHILLS FL 33541				
				3. Date Incorporated or Qualified 10/27/1995	_	ast Report <b>5/1996</b>
	ace of Business	2a. Mailing Address 26 36645 54A	dia po	4. FEI Number 59 - 343 APPLIED FOR	39854	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	SHIKE MU	5. Certificate of Status Desired	□ \$8.	75 Additional
22		City & State			F	ee Required
City & State 23 Zeph	yrhills FL	28 Zephykhill	s FL	6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax un	
24 005	4/ 25 Pasco	29 3354 ( 30	Pasau	Florida Statutes  10. Name and Address of New Re	Yes X No	
l	9. Name and Address of Current	r veðisteren viðerir	81 Name	TO, Maille and Address of New Ne	Bistolan Whalit	
EUNUE	R, TROY M				1-1	
	SUNSHINE ROAD		82 Street Addre	ess (R.O. Box Number is Not Acceptab	ie)	
	HILLS FL 33541		83	Same		
			84 City	JA IN C	85	Zip Code
		2 - 10/7/1000 51 11 01				•
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State	of Florida, Such change was auth	no above-named corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of chang of the appointme	ging its registered ent as registered
	m tamiliar with, and accept the obliga	ations of Section 617.0503, Florid	ia Statutes.			
SIGNATURE .	Signature, typod or printed name of registered ager	nt and title if applicable. (NOTE: R	ogistered Agent signature require	ad when reinsteting)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Ch	ange
NAME	FONDER, TROY		1.2 NAME			
STREET ADDRESS	33645 SUNSHINE ROAD ZEPHYRHILLS FL 33541		1.3 STREET ADDRESS 1.4 City-St-Zip			
CITY-ST-ZIP TITLE	DVS	DELETÉ	2.1 TITLE		☐ Ch	nange
NAME	FONDER, BEVERLY		2.2 NAME			-
STREET ADDRESS	33645 SUNSHINE ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Ch	nange 🔲 Addition
NAME	FONDER, OTIS		3.2 NAME			
STREET ADDRESS	33645 SUNSHINE ROAD ZEPHYRHILLS FL 33541		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ZEPHINNILLO PL 00041	DELETE	3.4 CITY-ST-ZIP		Ch	nange Addition
NAME		termed of the trape of the	4. 2 NAME	·	OI	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Ci	nange
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Ch	nange Addition
NAME		- orecit	6.2 NAME			TABOIIO
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	ov certify that the information supplied	with this filing does not qualify f		in Section 119 07(3)(i) Florida Statute	s. I further certife	u that the

r do nereby 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 as 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.