## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address
749 N. GARLAND AVENUE

SUITE 104

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

749 N. GARLAND AVENUE

**SUITE 104** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600004040 (9) 1. Corporation Name

## DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

| ORLANDO FL 32801   |   | ORLANDO FL 32801-1024   |                           |           |  |   |                     |                |               |  |
|--|---|---|---------------------------|-----------|--|---|---------------------|----------------|---------------|--|
|  |   |   |                           |           | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1996 |   |                     |                |               |  |
| 2. Principa' Pla   | ace of Business                                 | 2a. Mailing Address   |                           |           |  | 4. FEI Number   | 1                   | App            | lied For      |  |
| 21   |   | 26  |                           |           |  | 59-3427943  | <u> </u>            | Not Applicable |               |  |
| Suite Apt. #   | t, etc.   | Suite, Apt. #, etc.   |                           |           |  | 5. Certificate of Status Desired  | \$8.75 Additional   |                |               |  |
| 22   |   | 27  |                           |           |  | b. Certificate of Status Desired  | ⊢ Fe                | ee Req         | uired         |  |
| City & State   | •   | City & State  |                           |           |  | 6. Election Campaign Financing  |                     | . <b>00</b> м  |               |  |
| 3  |   | 28  | 1                         |           |  | Trust Fund Contribution   |                     | ded to         |               |  |
| Zιρ  | Country   | Zip   |                           | Country   |  | 8. This corporation has tiability for   |                     | der s. 1       | 199.032,      |  |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent |   |   |                           |           |  | Florida Statutes  10. Name and Address of New Re  | Yes K No            |                |               |  |
|  | 9. Name and Address of Curren                   | it Hadistetso Agent   | 8                         | 11 N      | lame   | IU, Name and Address of New As  | diareten Wheter     |                | <del></del>   |  |
| HALLAUER, DAN R  |   |   |                           |           |  |   |                     |                |               |  |
|  |   |   | 82 Street Add             |           | treet Ac   | ddress (P.O. Box Number is Not Acceptable)  |                     |                |               |  |
|  | ARLAND AVENUE                                   |   | 8:                        | 3         | ,····  |   |                     |                |               |  |
| SUITE 10   | 0 FL 32801                                      |   | 63                        |           |  |   |                     |                |               |  |
| ONDAND   | U FL 32801                                      |   | 84 City                   |           |  |   | FL 85               | Zip Co         | ode           |  |
| 11 Pursuant b  | a the armylsions of Sections 617 050            | 2 and 617 1508. Florida Statu                                   | ites the aho              | ve-ns     | amed c   | orporation submits this statement for the p   |                     | ino its        | registered    |  |
| office or re   | ogistered agent, or both, in the State          | of Florida. Such change was                                     | authorized I              | by the    | a corpo  | oration's board of directors. I hereby accep  | ot the appointme    | nt as re       | egistered     |  |
| agent Lan  | m familiar with, and accept the oblig-          | ations of, Section 617.0503, F                                  | iorida Statuti            | es.       |  |   |                     |                |               |  |
| SIGNATURE -  | Seguarum Typed or proved name of registered agn | ent and title if applicable (NO                                 | TF: Registered A          | gent si   | anature re   | equired when reinstating)   | DATE                |                |               |  |
| 12.  |   | D DIRECTORS   | 13.                       |           |  | ADDITIONS/CHANGES TO OFFIC  |                     | CTORS          | IN 12         |  |
| TITLE  | PTD DELETE 1                                    |   | 1.1 TITLE                 | 1.1 TITLE |  | Pro   | <b>⊠</b> Ch         |                | Addition      |  |
| NAME   | HALLAUER, DAN R                                 |   | 1.2 NAMI                  | E         | 1  | Hallaube, Dan R.<br>749 N. Garland Ave.   |                     |                |               |  |
| STHEET ADDRESS   | P.O. BOX 574318                                 |   | 1.3 STRE                  | EY ADD    | ress .   | 749 N. GARLAND AVE.   | Suite 10            | 4              |               |  |
| CITY-ST-7IP  | ORLANDO FL 32857-4318                           |   | 1.4 CITY                  | - ST - ZI |  | ORLANDO, FL 3280  | 1                   | •              |               |  |
| TITLE  | SVD   | ☐ DELETE  | 21 TITLE                  |           |  | <vd '<="" td=""><td><b>≥C</b> Ch</td><td>ange</td><td>Addition</td></vd>  | <b>≥C</b> Ch        | ange           | Addition      |  |
| NAME   | HALLAUER, RAYMOND D                             |   | 2.2 NAME                  |           | - 1  | HARRISON, RAYMOND D   | •                   |                |               |  |
| STREET ADDRESS   | P.O. BOX 1133                                   |   | 2.3 STREET ADDRESS        |           | RESS   | HARRISON, RAYMOND D.<br>749 N. GARLAND AUG SULTE 104  |                     |                |               |  |
| CHTY-ST-ZIP  | ORLANDO FL 32857-1133                           |   | 2. 4 CITY - ST - 2        |           | .IP  | DELANDO FL 31801  |                     |                |               |  |
| TITLE  | D   | DELETE  | 3.1 TITLE                 |           |  |   | <b>Æ</b> ch         | ange           | Addition      |  |
| NAME   | HOLCOMB, A K JR                                 |   | 3.2 NAMI                  | E         | į  |   |                     |                |               |  |
| STREET ADDRESS   | P.O. BOX 1133                                   |   | 3.3 STREET ADDRESS        |           | PRESS  | 749 N. GARLAND AVE. SUITE 104<br>ORLANDO FL 32801   |                     |                |               |  |
| CHY-ST-ZIP   | ORLANDO FL 32857-4318                           |   | 3.4. CITY                 | - ST - Z  | iP   | ORLANDO FL 328  | 01                  | <u>'</u>       |               |  |
| TITLE  |   | DELETE  | 4.1 TITLE                 | :         | ľ  | •   | Ch                  | ange           | Addition      |  |
| NAMÉ )   |   |   | 4. 2 NAM                  | <b>IE</b> | Ì  |   |                     |                |               |  |
| STREET ADDRESS   |   |   | 4.3 STRE                  | ET ADE    | PRESS  |   |                     |                |               |  |
| C(TY - S) - 71F  |   |   | 4.4 CITY                  |           | <u> </u>   |   |                     |                | <u> </u>      |  |
| TILLE  |   | [_] DELETE  | 5.1 TITLE                 |           |  |   | ∐ Ch                | ange           | Addition      |  |
| NAM:   |   |   | 5.2 NAM                   |           |  |   |                     |                |               |  |
| STREET ADDRESS   |   |   | 5.3 STRE                  |           | - [  |   |                     |                |               |  |
| CITY-SI-7IP  | ——————————————————————————————————————          | TT  | 5.4 CITY                  |           | <u>P</u>   |   |                     |                | 4 2 2 2 2 2   |  |
| TITLE  |   | ☐ DELETE  |                           | 61 TITLE  |  |   | ∐ Ch                | ange           | Addition      |  |
| NAME   |   |   | 6.2 NAM                   |           |  |   |                     |                |               |  |
| STREET ADDRESS   |   |   | 6.3 STRE                  | ET ADO    | ress   |   |                     |                |               |  |
| CITY-ST-ZIP  |   |   | 6 4 CITY                  |           |  |   | 14 - 15             | . 111. 11      |               |  |
| information<br>Lam an of                                       | n indicated on this annual report or s          | supplemental annual report is<br>rithe receiver or trustee empo | true and activered to exc | curat     | e and ti   | ated in Section 119.07(3)(i). Florida Statute<br>that my signature shall have the same lega<br>port as required by Chapter 617, Florida S | al effect as if mad | de unde        | er oath; that |  |