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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002297 (6)**

1. Corporation Name

MORGAN'S HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ARTHUR HERMAN
04059-49 PICCIOLA ROAD
FRUITLAND PARK FL 34731

% ARTHUR HERMAN
04059-49 PICCIOLA ROAD
FRUITLAND PARK FL 34731

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

EIN 59-3440062

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 MORGAN'S M.H. PARK

26 04059-49 PICCIOLA RD

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

City & State

23 FRUITLAND PARK, FL

City & State

27 FRUITLAND PARK

Zip

24 34731

Country

25 LAKE

Zip

29 34731

Country

30 LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, ARTHUR
04059-49 PICCIOLA ROAD
FRUITLAND PARK FL 34731

81 Name

ARTHUR HERMAN

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

04059-49 PICCIOLA ROAD

83

84 City

FRUITLAND PARK FL

85 Zip Code

34731

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD BENNETT, DONNA**
STREET ADDRESS **04059-26 PICCIOLA ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD MARTIN, WILLIAM**
STREET ADDRESS **04059-34 PICCIOLA ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **SD PENTZ, MARY**
STREET ADDRESS **04059-37 PICCIOLA ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD

BARBARA LAMBERT
13707 22ND STREET
DADE CITY, FL 33525

TITLE ☐ DELETE

NAME **TD BRASINGTON, JESSE**
STREET ADDRESS **04059-30 PICCIOLA ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D HERMAN, ARTHUR**
STREET ADDRESS **04059-49 PICCIOLA ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: **DONNA M BENNETT** **DONNA M BENNETT**

4/1/98

352-365-6694

CR2E037 (10/97)