


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90060 026 \*\*\*\*70.50

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002297**

1. Corporation Name

**MORGAN'S HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**MORGAN'S MH PARK  
04059-49 PICCIOLA ROAD  
FRUITLAND PARK FL 34731  
US**

Mailing Address

**0405949 PICCIOLA RD  
04059-49 PICCIOLA ROAD  
FRUITLAND PARK FL 34731  
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
<b>21</b>	<b>26</b>	<b>04/21/1997</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
<b>22</b>	<b>27</b>	<b>59-3440062</b>
City & State	City & State	Applied For
<b>23</b>	<b>28</b>	<b>Not Applicable</b>
Zip	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>24</b>	<b>29</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country	Country	Trust Fund Contribution
<b>25</b>	<b>30</b>	

9. Name and Address of Current Registered Agent

**HERMAN, ARTHUR  
0405949 PICCIOLA RD  
FRUITLAND PARK FL 34731**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DONNA	1.2 NAME	Older, Theodore
STREET ADDRESS	04059-26 PICCIOLA ROAD	1.3 STREET ADDRESS	04059-45 Picciola Road
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WILLIAM	2.2 NAME	Maddox, Cova
STREET ADDRESS	04059-34 PICCIOLA ROAD	2.3 STREET ADDRESS	04059-35 Picciola Road
CITY-ST-ZIP	FRUITLAND PARK FL 34731	2.4 CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, BARBARA	3.2 NAME	Phillips, Mary Kaye
STREET ADDRESS	13707 22ND ST	3.3 STREET ADDRESS	04059-32 Picciola Road
CITY-ST-ZIP	DADE CITY FL 33525	3.4 CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASINGTON, JESSE	4.2 NAME	Hargrove, Joe
STREET ADDRESS	04059-30 PICCIOLA ROAD	4.3 STREET ADDRESS	04059-40 Picciola Road
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HERMAN, ARTHUR	5.2 NAME	
STREET ADDRESS	04059-49 PICCIOLA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 352-314-0511