## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049128 (7)

FLORIDA ASSOCIATION OF HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

1823 BILVER STAR ROAD. #170

POST OFFICE BOX 681179

## **FILED** May 01 1997 8:00am Secretary of State



| ORLANDO FL 32868                                   |  | ORLANDO FL 32968-1179              | ORLANDO FL 32868-1179 |   |  |                                 |
|--|--|------------------------------------|-----------------------|---|--|---------------------------------|
|  |  |                                    |                       |   | 3. Date Incorporated or Qualified 06/06/1996   | 3a. Date of Last Report         |
| 2. Principal Place of Business 2a. Mailing Address |  |                                    |                       | · · · · · · · · · · · · · · · · · · ·                 | 4. FEI Number  | Applied For                     |
| 21   |  | 26                                 |                       |   | 06-1468305   | Not Applicable                  |
| Suite, Apt. #, etc.                                |  | Suito, Apt. #, etc.                | 27                    |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| City & Stat  | е  | City & State                       |                       |   | 6. Election Campaign Financing   | \$5.00 May Be                   |
| 23   |  | 28                                 |                       |   | Trust Fund Contribution  | Added to Fees                   |
| Zip  | Country  | Zιρ                                | F-7                   |   | .8. This corporation has liability for intangible tax under s. 199,032,              |                                 |
| 24   | 9. Name and Address of Cur                     | 29                                 | 30                    |   | Florida Statutes  10. Name and Address of New Reg                                    | Yes No                          |
| CAAIT  | TH, ORLEEN                                     | Tell negistered Agent              | ··                    | B1 Name   | 10. Name and Address of New He   | Bisteleo Adelit                 |
|  | SILVER STAR ROAD, #170                         |                                    | L                     |   |  |                                 |
| ORLANDO FL 32868                                   |  |                                    | [-                    | 82 Stroet Address (P.O. Box Number is Not Acceptable) |  |                                 |
| UNL  | MINUU PL 32000                                 |                                    | -                     | B3  |  |                                 |
| . '  |  |                                    |                       |   |  |                                 |
| •  |  |                                    | [1                    | B4 City   |  | FL 85 Zip Code                  |
| 11. Pursuant                                       | to the provisions of Sections 607              | 0502 and 607 1508. Florida Stati   | ules the abi          | ove-named col   | rooration submits this statement for the n   |                                 |
| office or r  | egistered agent, or both, in the St            | ate of Florida. Such change was    | authorized            | by the corpora  | rporation submits this statement for the pation's board of directors. I hereby accep | t the appointment as registered |
|  | m familiar with, and accept the ol             | Dilgations of, Section 607.0505, F | lorida Statu          | les.  |  |                                 |
| SIGNATURE  | Signature, typed or printed name of registerce | Lacent and title if applicable (NC | Hi Roustond           | Arrest signatura rani                                 | uired when reinstating)  | DATE                            |
| 12.  |  | AND DIRECTORS                      | 13.                   | the rest of   | ADDITIONS/CHANGES TO OFFIC   |                                 |
| TITLE  | D  | DELETE                             | 1.1 TITU              | F   |  | Change Addition                 |
| NAME   | SMITH, ORLEEN                                  |                                    | 1.2 NAN               | AE .  |  |                                 |
| STREET ADDRESS                                     |  |                                    |                       | LET ADDRESS   |  |                                 |
| CITY-ST-ZIP  | ORLANDO FL 32868                               |                                    | 1.4 CITY              | 7 - ST - ZIP  |  |                                 |
| TITLE  |  |                                    | 2.1 TITL              | F   |  | Change Addition                 |
| NAME   |  |                                    | 2.2 NAM               | AE .  |  |                                 |
| STREET ADDRESS                                     |  |                                    | 2.3 S1R               | EET ADDRESS   |  |                                 |
| CITY-ST-ZIP  |  |                                    | 2. 4 CIT              | Y-S1-ZIP  |  |                                 |
| TITLE  | DELETE   |                                    |                       | E .   |  | Change Addition                 |
| NAME   |  |                                    | 3.2 NAN               | AL  |  |                                 |
| STREET ADDRESS                                     |  |                                    | 3.3 S1R               | EE1 ADDRESS   |  | $\sim 0$                        |
| CITY-ST-ZIP  |  |                                    | 34 CIT                | Y-ST-7IP  |  | N. 4K                           |
| TITLE  | DELETE 41                                      |                                    |                       | E   |  | Change Advition                 |
| NAME   |  |                                    | 4. 2 NAI              | ME  |  |                                 |
| STREET ADDRESS                                     |  |                                    | 4.3 STR               | EET ADDRESS   |  | * <i>)</i>                      |
| CITY-ST-ZIP  |  |                                    |                       | 7 - \$1 - 7IP   |  |                                 |
| TITLE  | DELETE 51TH                                    |                                    |                       | F   |  | Change Addition                 |
| NAME   |  |                                    | 5.2 NAM               |   |  |                                 |
| STREET ADDRESS                                     |  |                                    |                       | FET ADDRESS   |  |                                 |
| CITY-ST-ZIP  |  | T perse                            |                       | Y-ST-ZIP  |  |                                 |
| TITLE  |  | DELETE                             | 61101                 | i   | 00000216<br>-05/06/970104  | 7 1 6 ange  Addition            |
| NAME   |  |                                    | 6.2 NAN               | i   | -05/06/970104  | 4034                            |
| STREET ADDRESS                                     |  |                                    |                       | TEL ADDRESS   | ***165.00  |                                 |
| CITY-ST-ZIP  |  |                                    | 64 CITY               | (-SI-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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 of changed, or on an attachment with an articless.