

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 18 PM 10:13

DOCUMENT # **V73835** (3)

1. Corporation Name  
**CANTONMENT VILLAGE HOMEOWNERS AND RESIDENTS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~407 LAKEVIEW AVE~~  
CANTONMENT FL 32533  
US P. O. BOX 1016  
CANTONMENT FL 32533  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/22/1992</b>		3a. Date of Last Report <b>03/15/1994</b>	
2. Principal Place of Business 21 <b>DEBORAH H. EGGART</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3130015</b>	
22 <b>310 PACE PARKWAY</b>		Applied For Not Applicable	
23 <b>CANTONMENT, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32533</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>Escambia</b>		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26		27	
28		29	
30			

9. Name and Address of Current Registered Agent <b>DANIEL, JEFF M</b> <b>407 LAKEVIEW AVE.</b> <b>CANTONMENT FL 32583</b>				10. Name and Address of New Registered Agent			
				81 Name <b>DEBORAH H. EGGART</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>310 PACE PARKWAY</b>			
				83			
				84 City <b>CANTONMENT</b> FL 85 Zip Code <b>32533</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE Deborah HEGGART Deborah H. Eggart 4/10/95  
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	1.1 TITLE	<b>PIP DEBORAH H. EGGART</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL, JEFF M</b>	1.2 NAME	
STREET ADDRESS	<b>407 LAKEVIEW AVE.</b>	1.3 STREET ADDRESS	<b>310 PACE PARKWAY</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>	1.4 CITY-ST-ZIP	<b>CANTONMENT, FL 32533</b>
TITLE	VPD	2.1 TITLE	<b>NR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGGART, DEBORAH H</b>	2.2 NAME	
STREET ADDRESS	<b>310 PACE PARKWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, JOHN C.</b>	3.2 NAME	
STREET ADDRESS	<b>303 WEGNER AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALDSON, MARYLOU</b>	4.2 NAME	
STREET ADDRESS	<b>428 FORREST AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Powell JOHN C. POWELL, TREASURER 4/5/95 (904) 968-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type/Phone #)