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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 709473 (3)

1. Corporation Name

SOUTH PATRICK RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
337 S POINT COURT PO BOX 2357 SATELLITE BCH FL 32937	337 S POINT COURT PO BOX 2357 SATELLITE BCH FL 32937

3. Date Incorporated or Qualified: 08/19/1965
3a. Date of Last Report: 04/14/1995
4. FEI Number: 23-7181551 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONNOR, JAMES E.
337 S POINT COURT
SATELLITE BCH FL 32937

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	CONNER, JAMES E.	
STREET ADDRESS	337 S POINT COURT	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	
TITLE	T	☐ DELETE
NAME	WUEST, WILLIAM	
STREET ADDRESS	420 ST. GEORGES COURT	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	
TITLE	S	☐ DELETE
NAME	O'HARA, THERESA	
STREET ADDRESS	196 SE 2ND STREET	
CITY-ST-ZIP	STAELLITE BEACH FL	
TITLE	D	☐ DELETE
NAME	BUCHANAN, TRAVIS	
STREET ADDRESS	173 SE 2ND ST	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	D	☒ DELETE
NAME	HUNTER, INGE	
STREET ADDRESS	449 SKYLARK BLVD.	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	D	☐ DELETE
NAME	SKINNER, A.W.	
STREET ADDRESS	525 4TH AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	FREDERICK C. UNION	
1.3 STREET ADDRESS	125 E. CLARIDGE ST.	
1.4 CITY-ST-ZIP	SOUTH PATRICK SHORES FL 32937	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	HILDE YOUNGBLOOD	
2.3 STREET ADDRESS	403 ARUBA COURT	
2.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Wuest Treasurer WILLIAM WUEST 4-17-96 (407)777-9346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036977