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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32937337 S POINT COURT
PO BOX 2357
SATELLITE BCH FL 32937-3827

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 420 ST. GEORGES CT.		26 420 ST. GEORGES CT		08/19/1965		04/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 P.H.		27 P.O. BOX 2357		23-7181551		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 SATELLITE BEACH FL		28 SATELLITE Bch FL 32937-3827		Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 32937		25 U.S.A.		29 32937		30 U.S.A.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81 Name	WUEST, WILLIAM R.
82 Street Address (P.O. Box Number is Not Acceptable)	420 ST. GEORGES COURT
83	THE MOORINGS
84 City	SATELLITE BEACH FL
85 Zip Code	32937

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 *William R. Wuest* - TREASURER APRIL 15, 1997
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	P	1.1 TITLE	D
NAME	CONNER, JAMES E.	1.2 NAME	CONNER, JAMES E.
STREET ADDRESS	337 S POINT COURT	1.3 STREET ADDRESS	337 S. Point COURT
CITY - ST - ZIP	SATELLITE BCH, FL 00000	1.4 CITY - ST - ZIP	SATELLITE BEACH FL 32937
TITLE	T	2.1 TITLE	P
NAME	WUEST, WILLIAM	2.2 NAME	DEBRA STARR
STREET ADDRESS	420 ST. GEORGES COURT	2.3 STREET ADDRESS	36B N. LAKESIDE DRIVE
CITY - ST - ZIP	SATELLITE BCH, FL 00000	2.4 CITY - ST - ZIP	SATELLITE BEACH FL 32937
TITLE	S	3.1 TITLE	
NAME	O'HARA, THERESA	3.2 NAME	
STREET ADDRESS	196 SE 2ND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	BUCHANAN, TRAVIS	4.2 NAME	
STREET ADDRESS	173 SE 2ND ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BCH FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	UNION, FREDERICK C.	5.2 NAME	
STREET ADDRESS	125 E CLARIDGE ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH PATRICK SHORES FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	SKINNER, A.W.	6.2 NAME	
STREET ADDRESS	525 4TH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL	6.4 CITY - ST - 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)(l), 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 R. Wuest* William R. WUEST 4/15/97 407-777-9346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019762

CR2E037 (9/96)