

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711421 (8)

1. Corporation Name

ORMOND SHORES ESTATES, INC.



Principal Place of Business

Mailing Address

35 JUNIPER DR
ORMOND BEACH FL 32176

35 JUNIPER DR
ORMOND BEACH FL 32176

3. Date Incorporated or Qualified
08/30/1966

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8 Wisteria Dr.

26 8 Wisteria Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORMOND BEACH, FL

28 ORMOND BEACH, FL

24 Zip 32176

25 Country USA

29 Zip 32176

30 Country USA

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, GREG S
35 JUNIPER DR
ORMOND BEACH FL 32176

81 Name RUSSELL ANEST
82 Street Address (P.O. Box Number is Not Acceptable)
8 Wisteria Dr.
83 ~~OR~~
84 City ORMOND BEACH, FL
85 Zip Code 32176

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

Russell Anest
Signature, typed or printed name of registered agent and title if applicable

(b)(1)(B) Registered Agent's signature required when not filing

4-27-96
DATE

12. OFFICERS AND DIRECTORS

TITLE TO
NAME WARNER, NANCY K
STREET ADDRESS 35 JUNIPER DR
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ DELETE

TITLE SD
NAME AUSTIN, MURIEL
STREET ADDRESS 35 WISTERIA DR.
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

TITLE PD
NAME WARNER, GREG S
STREET ADDRESS 35 JUNIPER DR
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TO
1.2 NAME ~~EVAN~~ ANEST, EVAN ☒ Change ☐ Addition
1.3 STREET ADDRESS 8 WISTERIA DR.
1.4 CITY-ST-ZIP ORMOND BEACH, FL. 32176 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE PD
3.2 NAME ANEST, RUSSELL ☒ Change ☐ Addition
3.3 STREET ADDRESS 8 WISTERIA DR.
3.4 CITY-ST-ZIP ORMOND BEACH, FL. 32176 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Greg Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

Date

904-441-1944

Daytime Phone #

CR2E037 (12/95)