

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 # **722491** (8)
1. Corporation Name
HOWELL PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2401 ARDSON PLACE TAMPA FL 33629 **2401 ARDSON PLACE TAMPA FL 33629**

3. Date Incorporated or Qualified **01/21/1972** 3a. Date of Last Report **09/18/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1565161** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, WAYNE M.
2401 ARDSON PLACE
TAMPA FL 33629**

81 Name **700001808557**
82 Street Address (P.O. Box Number is Not Accepted) **03705736-01024--031**
83 *****61.25**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRANNAN, CARL D.	
STREET ADDRESS	2405 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PITTMAN, R. F.	
STREET ADDRESS	2405 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, LESTER P.	
STREET ADDRESS	2401 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENDRICK, JEAN LYKES	
STREET ADDRESS	2405 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMFORT, GERALDINE G.	
STREET ADDRESS	2403 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, MARY NELL	
STREET ADDRESS	2403 ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brannan, Carl D.	
1.3 STREET ADDRESS	2405 Ardson Place	
1.4 CITY-ST-ZIP	Tampa, FL 33629	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pittman, R.F.	
2.3 STREET ADDRESS	2405 Ardson Place	
2.4 CITY-ST-ZIP	Tampa, FL 33629	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Skyrms, Barbara	
3.3 STREET ADDRESS	2401 Ardson Place	
3.4 CITY-ST-ZIP	Tampa, Florida 33629	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kendrick, Jean Lykes	
4.3 STREET ADDRESS	2405 Ardson Place	
4.4 CITY-ST-ZIP	TAMPA, FL 33629	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wolfe, Mary	
5.3 STREET ADDRESS	2401 Ardson Place	
5.4 CITY-ST-ZIP	Tampa, Florida 33629	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ward, Mary Nell	
6.3 STREET ADDRESS	2403 Ardson Place	
6.4 CITY-ST-ZIP	Tampa, FL 33629	

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: Barbara B. Skyrms 4/26/96 813-251-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)