

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

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

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)