## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

728931

(7)

## I AURELWOOD CONDOMINIUM I ASSOCIATION, INC.

Dionic				FERRITARIA SOLUTION SALES (MA	1
Principal Place	e of Business	Mailing Address		T YEARIN INDER HAND HAVING CONTROL TO HAVE	JI ANDY BUBNY BUBNA BIBNA GABAN BABAN BIBNI AIBNI AIBNI
		2697-B SUNSET POINT ROAL	<b>,</b>		
2697-B SUNSET POINT ROAD 2697-B SUNSET POINT ROA CLEARWATER FL 34619: 3 3 7 5 9 CLEARWATER FL 34619-1691					
		******	00,00	3. Date Incorporated or Qualified	3a. Date of Last Report
				02/25/1974	05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-1573950	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		00 101000	Not Applicable  S8.75 Additional
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27		5. Certificate of Status Desired	Fee Required
i City o State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Current	29 30 Registered Agent	<u>'</u>	Florida Statutes  10. Name and Address of New Re	
			81 Name		
NASSE	R, WILLIAM		82 Street A	Address (P.O. Box Number is Not Accepta	blo)
% C & N MANAGEMENT CO			OZ STOOL A	rociess (F.O. box Number is Not Accepta	Die)
2697-B SUNSET POINT ROAD			83		
CLEARY	VATER FL 34401 33759		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502 existered agent, or both, in the State of	and 617.1508, Florida Statutes,	the above-named of the corp	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered on the appointment as registered
agent. La	m familiar with, and accept the obligat	ions of, Section 617.0503, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	DOT: 0			DATE
12.	OFFICERS AND		egistered Agent signature r	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DAVID		1.2 NAME		
STREET ADDRESS	2492 LAURELWOOD DR. 4B		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
ToTLE	SO .	☐ DELETE	2.1 TITLE		Change Addition
NAME	FUCHS, JROBERT		2.2 NAME		
STREET ADDRESS	2492 LAURELWOOD DR. 4C		2.3 STREET ADDRESS		
CHY-ST-ZIP	CLEARWATER FL	Desert	2 4 CITY-ST-ZIP	<u></u>	Change Addition
TITLE	O VOLING DAREDT	DEFELE	3.1 TITLE		Change  Addition
NAME OTOTET ADDRESS	YOUNG, ROBERT 105 DORADO COURT		3.2 NAME		-
STREET ADDRESS CHTY-ST-ZIP	PLANT CITY FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MD DALRYMPLE		4. 2 NAME	•	
STREET ADORESS	2292 OAK NECK RD #1B		4.3 STREET ADDRESS		İ
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWATOSH, JOYCE		5.2 NAME		
STREET ADDRESS	2444 LAURELWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	D	Change Addition
NAME	SMITH, BOB	41	62 NAME	PARKER, RON	
STREET ADDRESS	2284 OAK NECK RD, 12B		6.3 STREET ADDRESS	2444 LÄURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	CLEARWATER, FL. 346	23

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual seport is frue 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 emptywered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 or Block 13 if changes of on an attack merry with an address.

SIGNATURE

THE AND TYPES OR PRINCES NAME OF RIGHING OFFICER OF DIRECTOR

4/19/97

813- 797-0070 Devilme Phone • 0067076

**FILED** 

May 13 1997 8:00am

Secretary of State