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**NONPROFIT** CORPORATION ANNUAL REPORT

1996

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**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

442-7049

**DOCUMENT #** 

730203

RELL	<b>EVIEW</b>	RII TMORE	VILLAS-RA	YSHORE II.	INC.
DELL	LVICTE	DILTIVICING	VILLAU DA		1110

Principal Place of Business Mailing Address 1700 MCMULLEN BOOTH RD., SUITE C-3 1700 MCMULLEN BOOTH RD., SUITE C-3 **CLEARWATER FL 34619** CLEARWATER FL 34619 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1995 07/15/1974 2. Principal Place of Business 2a. Mailing Address 4. EEI Number Applied For 59-1560917 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 61 Street Address (P.O. Box Number is Not Acceptable) LEIGHTON, LENNARD A. 1700 MCMULLEN BOOTH ROAD 83 SUITE C3 CLEARWATER FL 34619 Zip Code 85 84 City 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 Signature, typed or printed han ellof registerari agent and little if applicance (NOTE: Registers LAgent signature required when rehistating) (12/95)ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. **X** DELETE 1.1 DILE Change Addition TITLE 1.2 NAME SCORDINO, GRACE **CR2E037** NAME DINNER, HILTON STREET ADDRESS 220 BELLEVIEW BLVD #712 1.3 STREET ADDRESS 220 BELLEVIEW BLVD., #405 BELLAIR FL 34616 1.4 CITY - ST - ZIP BELLEAIR, FLORIDA 34616 CiTY-ST-ZIP Change Addition **™** DELE1E TITLE DVP 2.1 TITLE D 2.2 NAME NAME BARRY, SHIRLEY BALDER, KEN 2.3 STREET ADDRESS 220 BELLEVIEW BLVD #309 STREET ADDRESS 220 BELLEVIEW BLVD. #303 BELLEAIR, FL 0 2 4 CITY - S\* - 7/P CITY - ST - ZIP BELLEAIR, FL 34616 \_\_\_\_ Addition X Change DELETE 3.1 DILE TITLE SEIBERT, ROLF SEIBERT, ROLF 3.2 NAME NAME 220 BELLEVIEW BLVD #510 3 3 STREET ADDRESS STREET ADDRESS 220 BELLEVIEW BLVD #510 BELLEAIR, FL 34616 BELLEAIR, FL 00000 34 CHY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TiTLE 4 2 NAME STACKPOLE, RICHARD NAME 4.3 STREET ADDRESS 220 BELLEVIEW BLVD #308 STREET ADDRESS BELLEAIR, FL 00000 4.4 CITY - ST - ZIP CITY - ST - ZIP X) Change Addition DELETE 5 1 HITLE TITLÉ SD ۷P 5.2 NAME VOELKER, DON NAME VOELKER, DON 220 BELLEVIEW BLVD #606 5.3 STREET ADDRESS STREET ADDRESS 220 BELLEVIEW BLVD. #606 BELLEAIR, FL 00000 5.4 CITY - ST - ZIP BELLEAIR, FL 34616 CITY-ST-ZIP Addition DELETE Change 61 TIFLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7:P CITY - ST - 7IP 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 if the corroration or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

OFFICER ON DIRECTOR