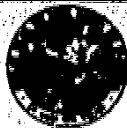


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741107 (7)

1. Corporation Name

DRIFTWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1345 MEDITERRANEAN DR.
1345 MEDITERRANEAN DR., SUITE 204
PUNTA GORDA FL 33950

1345 MEDITERRANEAN DR.
1345 MEDITERRANEAN DR., SUITE 204
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2606141

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEVE, ROBERT J.
1345 MEDITERRANEAN DR.
#204
PUNTA GORDA FL 33950

81 Name

Barbara Anderson

82

Street Address (P.O. Box Number is Not Acceptable)

1333 Mediterranean W 208

83

84

City

Punta Gorda

FL

85

Zip Code

33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Barbara Anderson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4-24-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	EGEBERGH, WALTER J.
STREET ADDRESS	1345 MEDITERRANEAN DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VD
NAME	ZAJAC, ROBERT
STREET ADDRESS	7016 W 86TH ST
CITY-ST-ZIP	BURBANK IL
TITLE	SD
NAME	KIRBY, GEORGE
STREET ADDRESS	1345 MEDITERRANEAN DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	TD
NAME	VAN ALYSTINE, DOLORES
STREET ADDRESS	1345 MEDITERRANEAN DR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	DT
NAME	SCHEVE, ROBERT J.
STREET ADDRESS	1345 MEDITERRANEAN DR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	VP / Sec	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Pres Dir	☒ Change ☐ Addition
2.2 NAME	Barbara Anderson	
2.3 STREET ADDRESS	1333 Mediterranean Dr	
2.4 CITY-ST-ZIP	Punta Gorda FL 33950	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	☒ Change ☐ Addition
4.2 NAME	George Oventon	
4.3 STREET ADDRESS	1333 Mediterranean Dr	
4.4 CITY-ST-ZIP	Punta Gorda FL 33950	
5.1 TITLE	Treas Dir	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95

Date

Daytime Phone #

888-575-2923