FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Barbara Anderson
82 Street Address (P.O. Box Number Is Not Acceptable): 1333 Mediterranean # 208
83
84 City: Punta Gorda FL 85 Zip Code: 33950

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 — DATE: 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VP / Dir	☒ Change ☐ Addition
NAME	EGEBERGH, WALTER J.	1.2 NAME		
STREET ADDRESS	1345 MEDITERRANEAN DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	Pres Dir	☒ Change ☐ Addition
NAME	ZAJAC, ROBERT	2.2 NAME	Barbara Anderson	
STREET ADDRESS	7016 W 66TH ST	2.3 STREET ADDRESS	1333 Mediterranean Dr	
CITY-ST-ZIP	BURBANK IL	2.4 CITY-ST-ZIP	Punta Gorda Fl 33950	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRDY, GEORGE	3.2 NAME		
STREET ADDRESS	1345 MEDITERRANEAN DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	VAN ALYSTINE, DOLORES	4.2 NAME	George Overton	
STREET ADDRESS	1345 MEDITERRANEAN DR.	4.3 STREET ADDRESS	1333 Mediterranean Dr	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	Punta Gorda Fl 33950	
TITLE	DT	5.1 TITLE	Treas Dir	☒ Change ☐ Addition
NAME	SCHEVE, ROBERT J.	5.2 NAME		
STREET ADDRESS	1345 MEDITERRANEAN DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 — 3-8-95 — 813-575-2923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017P90