

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 742627

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11 02 /1										
Principal Place	e of Business	Mailing Address % C & N PROPERTY MANAGEMENT 2697B SUNSET POINT RD CLEARWATER FL 34619 US				11 24 01 0101 0101 010	11 0 10 (1 0 10 1)	W1011 (00)		
	OPERTY MANAGEMENT ET POINT RD R FL 34619						T 100 + 2002-1			
US					3. Date Incorporated or Qualified 05/01/1978	3a. Date of 04/	Last Repo 19/1995			
2. Principal P	lace of Business	2a. Mailing	Address	,			4. FEI Number	<u>-</u>	Applic	ed For
21		26					59-2069526		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$	8.75 Add Fee Requ	
City & Stat	e	City &	State				6. Election Campaign Financing		5.00 ма	ay Be
23		28	·· ·· ·· ·-	т			Trust Fund Contribution		Added to F	_
Zip 24	Country 25	Zip 29		30 Cou	ntry		This corporation has liability for Florida Statutes	intangible tax und	der s. 199,	032,
	9. Name and Address of Currer		gent	1301		·	10. Name and Address of New I	<u> </u>	it	-
		<u> </u>	<u> </u>		81	Name				
	SSER, WILLIAM J.				82	Street A	ddress (P.O. Box Number is Not Acceptal	ole)		
	SUNSET POINT RD				83					
CLEARY	VATER FL 34619				63					
					64	City		FL 85	Zip Coc	et
11. Pursuant or registe familiar w	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	2 and 617.1508, ida. Such change tion 617.0503, Fl	Florida Statute was authorize lorida Statutes.	es, the abo	ve-n corpo	amed corp oration's b	poration submits this statement for the puloard of directors. I hereby accept the app		its registe tered ager	ered office nt. I am
SIGNATURE										
10	Signature, typed or printed name of registered agent		(NO		Agent	signature req	ulred when reinstating)	DATE		
12.		D DIRECTORS	DELETE	13.	TI E	т.	ADDITIONS/CHANGES TO OFF President			
NAME	PD Rasmussen, Melvin n		Correct	1.2 NA			Templeton, James	K) Ch	ange [XI	Addition
STREET ADDRESS	2240 SPRUCE LANE APT. D					ADDRESS	2270 Shelly Drive			
CITY-ST-ZIP	PALM HARBOR FL			1.4 Ci			Palm Harbor, FL			
TITLE	VD1		DELETE	2.1 Tri		- 212	Vice-President	<u>34004</u> €]Chi	anne 🔂	Addition
NAME	FILIPKOWSKI, CHESTER	•		2.2 NA	-		Stich, Mary Jane	1 3 0 11	mgo QQ	7.00111011
STREET ADDRESS	2240-A SPRUCE LANE					ADDRESS	2201 Shelly Drive			
CITY-ST-ZIP	PALM HARBOR FL			2. 4 CI			Palm Harbor, FL	21601		
TITLE	VD2		DELETE	3.1 111		, .	Secretary/Directo		ange 🔽	Addition
NAME	PECORARO, MARIO	•	••	3.2 NA	ME		Murphy, Helen	T ~		
STREET ADDRESS	2231-A SPRUCE LANE			3.3 ST	REETA	ADDRES\$	2270 Spruce Lane			
CITY-ST-ZIP	PALM HARBOR FL			3.4. Cł	TY-\$1	T-ZIP	Dalm Hambon Bi	24604		
TITLE	SD	1	S DELETE	4 1 TIT		· · · · · · · · · · · · · · · · · · ·	Palm Harbor, FL	34684 K Chi	ange 🔯	Addition
NAME	BAERTHLEIN, MELANIE			4. 2 N/	AME		DITCCCOI			
STREET ADDRESS	2370-B SHELLY DR			4.3 ST	REET A	ADDRESS	Tasker, Lois Anne			
CITY-ST-ZIP	PALM HARBOR FL			4.4 CH	TY-ST	-ZiP	2751 Keats Terrac Palm Harbor, FL	e 34684		
TITLE	TD	3	DELETE	5.1 TIT	LE		Director	C ha	ange 🙀	Addition
NAME	SARACCO, CONSTANCE			5.2 NA	ME		Valente, Vincent			
STREET ADDRESS	2390-A SHELLY DR			5.3 ST	REET A	ADDRESS	2271 Spruce Lane			
CITY-ST-ZIP	PALM HARBOR FL			5.4 CI	TY-ST	- ZIP	Palm Harbor, FL	34684		
TITLE	D	7	DELETE	6.1 TIT	LE		Treasurer/Directo		ange 😿	Addition
NAME	Kopke, Fran			6.2 NA	ME		Tunks, Frank	L		
STREET ADDRESS	2231-D SPRUCE LANE			6.3 ST	REET /	NDDRESS	1396 Gillestie Dr	1 ***		
CITY_ST_7IP	DALM HADROD EL			6400	rv et	710	PSIN BETFERRINE DL	₹ Υ\$~.		

CITY-ST-ZIP PALM HARBOR FL

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: V

SIGNATURE AND TYPED OR PRINTED NAME OP SIGNING OFFICER OR DIRECTOR

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