

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743229 (7)  
1. Corporation Name  
**DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 11022 ISLAND PINE DR PT. RICHEY FL 34668-2442 US  
Mailing Address: 11022 ISLAND PINE DR PT. RICHEY FL 34668-2442 US

3. Date Incorporated or Qualified: 06/12/1978  
3a. Date of Last Report: 04/24/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1855919	<input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input checked="" type="checkbox"/>	
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUSUMANO, SAL 11022 ISLAND PINE DR PORT RICHEY FL 34668				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Robert S. Lichter* (NOTE: Registered Agent signature required when reinstating)  
Treasurer/Director Date: 4/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSUMANO, SAL	1.2 NAME	ROBERT S. LICHTER
STREET ADDRESS	11022 ISL PINE DR	1.3 STREET ADDRESS	10960 PEPPERTREE LANE
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREY, KEVIN	2.2 NAME	KEN HUBER
STREET ADDRESS	8732 WOODMONT LANE	2.3 STREET ADDRESS	11207 SALT TREE LANE
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANLEY, JOANNE M	3.2 NAME	CARMEN ROSALIA
STREET ADDRESS	8721 WABASH LANE	3.3 STREET ADDRESS	11040 ISLAND PINE DRIVE
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, GERTRUDE E	4.2 NAME	EDWARD TRIGLIA
STREET ADDRESS	11115 ISL PINE DR	4.3 STREET ADDRESS	11036 PEPPERTREE LANE
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRACHENBERG, WILLIAM R	5.2 NAME	AGGIE BORG
STREET ADDRESS	11025 SALT TREE LANE	5.3 STREET ADDRESS	8715 WABASH LANE
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIES, BILL	6.2 NAME	JOSEPH GOMES
STREET ADDRESS	10925 WATER OAK DR	6.3 STREET ADDRESS	11109 SALT TREE LANE
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	PORT RICHEY, FL 34668

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 118.07(3)(b), 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: *Robert S. Lichter* Treasurer/Director Date: 4/23/96

CR2E037 (12/95)