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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743229** (7)
1. Corporation Name
DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 11022 ISLAND PINE DR PT. RICHEY FL 34868-2442 US	Mailing Address 11022 ISLAND PINE DR PT. RICHEY FL 34868-2442 US
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3. Date Incorporated or Qualified 06/12/1978	4. FEI Number 59-1855919	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 10960 Peppertree Ln Suite, Apt. #, etc.	2a. Mailing Address 26 10960 Peppertree Ln Suite, Apt. #, etc.
City & State 23 Port Richey, FL	City & State 27 Port Richey, FL
Zip 24 34668	Zip 29 34668
Country 25 USA	Country 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CUSUMANO, SAL 11022 ISLAND PINE DR PORT RICHEY FL 34868	10. Name and Address of New Registered Agent 81 Name Lichter, Robert 82 Street Address (P.O. Box Number is Not Acceptable) 10960 Peppertree Ln. 83 84 City Port Richey FL 85 Zip Code 34668
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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** **Robert S. Lichter** **4/26/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CUSUMANO, SAL 11022 ISL PINE DR PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Lichter, Robert 10960 Peppertree Ln. Port Richey, FL. 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	FREY, KEVIN 8732 WOODMONT LANE PORT RICHEY FL <input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	LICHTER, ROBERT 10960 PEPPERTREE LN PORT RICHEY FL <input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	CAMPBELL, GERTRUDE E 11115 ISL PINE DR PORT RICHEY FL <input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	DRACHENBERG, WILLIAM R 11025 SALT TREE LANE PORT RICHEY FL <input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	JOSEPH GOMES 11109 SALT TREE LANE PORT RICHEY FL <input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **Robert S. Lichter** **4/26/98** **(813) 863-5932**

CR2E037 (10/97)