

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746349 (0)

1. Corporation Name

THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

925 MACCO RD
COCOA FL 32927

925 MACCO RD
COCOA FL 32927



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

**MILLER, DONALD E.
920 MACCO ROAD
COCOA FL 32927**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD
CISOWSKI, KAZIMIERZ**
STREET ADDRESS **206 MANTH AVENUE**
CITY-ST-ZIP **COCOA, FL 00000**

TITLE ☐ DELETE

NAME **PD
DAWES, RUTH**
STREET ADDRESS **912 MACCO RD**
CITY-ST-ZIP **COCOA, FL 00000**

TITLE ☐ DELETE

NAME **D
ROBISON, SUZANNE**
STREET ADDRESS **940 EYERLY ST.**
CITY-ST-ZIP **COCOA, FL 00000**

TITLE ☒ DELETE

NAME **TD
OTT, EVELYN**
STREET ADDRESS **995 TOPE ST.**
CITY-ST-ZIP **COCOA FL**

TITLE ☒ DELETE

NAME **D
FOLEY, KENNETH**
STREET ADDRESS **261 MANTH AVE**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE

NAME **SD
PORTZ, STEVE**
STREET ADDRESS **229 MANTH AVENUE**
CITY-ST-ZIP **COCOA, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD
LUCAS, BELINDA
995 TOPE ST
COCOA FL 32927**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D
HARDBE, JOAN
5400 FAY BLVD
COCOA FL 32927**

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 or on an attachment with an address.

SIGNATURE:

Ruth Dawes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. RUTH DAWES

Date

Daytime Phone #

CR2E037 (12/95)