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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **754309**1. Corporation Name

`(3<mark>)</mark>

CROWN COME OWNERS ASSOCIATION, INC.

City & State   2   City & State   2   City & State   2   City & State   2   Country   2   Country   2   2   Country   2   2   Country   2   Countr	Principal Place of Business Mailing Address  601 CROWN COVE 601 CROWN COVE PENSACOLA FL 32501 PENSACOLA FL 32501										
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City & State    City & State   28	<u> </u>		· · ·	Suite, Apt. #, etc.		5.	Certificate of Status Desired	<b>\$</b>			
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Zep   Country   2p   Country   8. This exposed on the stability for Interrigible are under s. 199 0.32,	23		F							•	
9. Name and Address of Current Registered Agent  MICHAEL T. BASS 801 CROWN COVE PENSACOLA FL 32501  84 City PENSACOLA FL 32501  85 City PENSACOLA FL 32501  86 City PENSACOLA FL 32501  87 City PENSACOLA FL 32501  88 City PENSACOLA FL 32501  88 City PENSACOLA FL 32501  89 City PENSACOLA FL 32501  80 City PENSAC	<b>—</b> ·	Country	Zıp	Coun	try	8.		tangible tax ur			
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MCHAEL T. BASS 801 CROWN COVE PENSACOLA FL 32501  83  84 Only FL 85 Zp Code  11. Pursuant to this provisions of Sections 817,0502 and 617,1508, Florida Statutes. The above manned 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 are registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered office or registered agent. I am a such a such a such as a such a such as a such	•	9. Name and Address of Curre	ent Registered Agent				Name and Address of New Re	gistered Age	nt		
### STREET ADDRESS  ### ST	MOUACI	T DACC		,	Name	Ð					
PENSACOLA FL 32501  11. Pursuant to the provisions of Sections 617,0502 and 617,1506. Florida Statuties the above named corporation submits this statement for the purpose of changing its registered adject or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. INITIAL  12. OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. INITIAL STREET ADDRESS OFFI CANAGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. INITIAL STREET ADDRESS OFFI CANAGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. INITIAL STREET ADDRESS OFFI CANAGES IN CANA				1	32 Street	t Address (P	O. Box Number is Not Acceptable	3)			
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11. Presuant to the provisions of Sections 617.0502 and 617.1509. Florida Statutios, 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 Anage was submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such Anage was submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida Statutios.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in 12.  INITE  DATE  14. DIVERTIFY AND THE DELLE STATE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in 12.  INITE  BEST MUCH AND THE PRESSORY OF Addition  NAME  SIRRET ADDRESS  SIRRET A				1	14 City			F. 8	5 Zıç	o Code	
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

6/13/41 904 434 2500