FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 75782 WOOD MANOR OWNERS A	` '				
GLEIN	MOOD INMINON OWNERS A	ROSOCIATION, INC.				
Principal Place of Business Mailing Address						# 8400 01016 01016 01616 4006
% KEYS-CALDWELL PROPERTY MGT. % KEYS-CALDWELL PROPER 250 W TAMPA AVE VENICE FL 34285 VENICE FL 34285			PROPERTY MO	GT.		
						e of Last Report 04/06/1995
2. Principal Place of Business 2a. Mailing Address 2f				4. FEt Number 59-2378020	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.						Not Applicable \$8.75 Additional
27				5. Certificate of Status Desired Fee Required		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p	Country	Zip	Zip Count 30		8. This corporation has liability for intangible tax	under s. 199.032,
25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes 10. Name and Address of New Registered A	
				1 Name		J
CALDWELL, ANNETTE K.			E	2 Street	t Address (P.O. Box Number is Not Acceptable)	
KEYS-CALDWELL PROPERTY MGMT. 250 W TAMPA AVE				3		
VENCIE FL 34285			L			
			[4 City	FL	85 Zip Code
11. Pursuant f	to the provisions of Sections 617.050; ed agent, or both, in the State of Flor	2 and 617.1508, Florida Stat	utes, the above	named o	corporation submits this statement for the purpose of chans board of directors. I hereby accept the appointment as ri	ging its registered office
familiar wi	th, and accept the obligations of, Sec	tion 617.0503, Florida Statut	es.	poranorra	r board or andotors. Thoroby doops the appointment as in	agonic rani
SIGNATURE	Signature, typed or printed name of registered agon	it and title if applicable	(NOTE: Begistered A	ent signature .	required when reinstating: DATE	<u></u>
12.		ID DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITL		S/D 🔀	Change Addition
NAMÉ			1.2 NAM	E	/	
STREFT ADDRESS			1.3 STR	ET ADDRESS		
CHTY-ST-ZIP				-ST-ZIP		
THILE	— — — — — — — — — — — — — — — — — — —		21 TITL			Change Addition
NAME	0 = 11.10 0.1111 = 1.110		2 2 NAM	E		
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			' - ST - ZIP		101
TITLE NAME	PD Kelly, frank	DELETE	3.1 T(T).		_	Change
STREET ADDRESS	401 AIRPORT AVE., #307		3 2 NAA 3 3 STR			
CITY-ST-ZIP	NEAROE EL			-S1-ZIP		
TITLE	D	DELETE 4.17				Change Addition
NAME	PETWAY, SANORA		4 2 NAS	Æ	_	
STREET ADDRESS	331 AIRPORT AVE #605		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000	•	4.4 CITY	-ST-ZIP		
TITLE	TSD	J ∆ DELETE	5 1 TITLE			Change Addition
NAME	FREED, GRETCHEN	\	52 NAM	E	JAMES FORREST	√
STREET ADDRESS	361 AIRPORT AVE #504		5.3 STR	ET ADDRESS	361 AIRPORT AVENUE #508	
CITY-ST-ZIP	VENICE FL		5.4 CITY		VENICE FL	
TITLE	I		6 1 TITLE		, ,	Change
NAME			62 NAM			
STREET ADDRESS				ET ADDRESS		
14. Ldo bereb	v certify that the information supplied	with this filing is voluntarily 6	64 CITY unished and do		alify for the exemption stated in Section 119.07(3)(k), Floric	da Statutos I further
certify that	the information indianted on this and	ual report or supplemental a	nnual report is t	rue and a	courate and that my signature shall have the same legal el	de Glaioles, Flui (1961 Hect se it made under

cath; that I am an officer or display on this arrival report or supplemental arrival 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 display of each 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.