

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 # 763878 (6)
1. Corporation Name
SAWYER PARK ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O TED HANNUM 2605 OCEAN DR. VERO BCH FL 32963 US
C/O TED HANNUM 2605 OCEAN DR. VERO BEACH FL 32963 US

3. Date Incorporated or Qualified **06/23/1982** 3a. Date of Last Report **03/10/1995**
4. FEI Number **59-2378754** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Sawyer Park Assoc.** 26 **Sawyer Park Assoc.**
22 **P.O. Box 4190** 27 **P.O. Box 4190**
23 **Vero Beach, FL** 28 **Vero Beach, FL**
24 **32964** 25 **USA** 29 **32964** 30 **USA**

9. Name and Address of Current Registered Agent
**KOVAL, THOMAS A.
2527 OCEAN DRIVE
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANNUM, TED	
STREET ADDRESS	2605 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KOVAL, THOMAS	
STREET ADDRESS	2527 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SPLENDORIA, RACHEL	
STREET ADDRESS	2603 OCEAN DRIVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Koval, Thomas	
13 STREET ADDRESS	2527 Ocean Drive	
14 CITY-ST-ZIP	VERO BEACH, FL 32963	
21 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Donna Koval	
23 STREET ADDRESS	2527 Ocean Drive	
24 CITY-ST-ZIP	VERO BEACH, FL 32963	
31 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	H. Dolan	
33 STREET ADDRESS	2607 Ocean Drive	
34 CITY-ST-ZIP	VERO BEACH, FL 32963	
41 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Aileen Hoquet	
43 STREET ADDRESS	2615 Ocean Drive	
44 CITY-ST-ZIP	VERO BEACH, FL 32963	
51 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Robert Lynch	
53 STREET ADDRESS	2523 Ocean Drive	
54 CITY-ST-ZIP	VERO BEACH, FL 32963	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **2/22/96** Daytime Phone #: **407 231-1900**

CR2E037 (12/95)