

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765820 (6)

1. Corporation Name
CORKSCREW WOODLANDS ASSOCIATION, INC.

Principal Place of Business Mailing Address
21600 CORKSCREW WOODLANDS BLVD. ESTERO FL 33928
21600 CORKSCREW WOODLANDS BLVD. ESTERO FL 33928

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1982
3a. Date of Last Report 03/03/1994
4. FEI Number 59-2264345 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$66.75 Supplemental Fee Not Required

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ADAMS, JOSEPH
BECKER & POLIKOFF, P. A.
13515 BELL TOWER DRIVE SUITE 101
FT. MYERS FL 33907

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BRINKS, ROGER
STREET ADDRESS	10901 GROUND DOVE CIR
CITY-ST-ZIP	ESTERO FL 33928
TITLE	VD
NAME	WILLIAMS, ANN
STREET ADDRESS	10843 LITTLE HERON CIR
CITY-ST-ZIP	ESTERO FL 33928
TITLE	TD
NAME	WECKWARTH, JEAN
STREET ADDRESS	10827 BARRED OWL CIR
CITY-ST-ZIP	ESTERO FL 33928
TITLE	SD
NAME	BIGEL, SAUL
STREET ADDRESS	10923 LIMPkin CIR
CITY-ST-ZIP	ESTERO FL 33928
TITLE	ASTD
NAME	SAXTON, JACK
STREET ADDRESS	10949 GROUND DOVE CIR
CITY-ST-ZIP	ESTERO FL 33928
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger Brinks
1.3 STREET ADDRESS	10901 Ground Dove Circle
1.4 CITY-ST-ZIP	Estero, Florida 33928
2.1 TITLE	Vice President/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Saul Bigel
2.3 STREET ADDRESS	10923 Limpkin Circle
2.4 CITY-ST-ZIP	Estero, Florida 33928
3.1 TITLE	Treasurer/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herman Baylis
3.3 STREET ADDRESS	10902 Peregrine Falcon Circle
3.4 CITY-ST-ZIP	Estero, Florida 33928
4.1 TITLE	Secretary/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph Frack
4.3 STREET ADDRESS	10723 Yellow Rail Circle
4.4 CITY-ST-ZIP	Estero, Florida 33928
5.1 TITLE	Asst. Treasurer/Secretary/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jack Saxton
5.3 STREET ADDRESS	10949 Ground Dove Circle
5.4 CITY-ST-ZIP	Estero, Florida 33928
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: 2/13/95 (813)992-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Roger Brinks Date Daytime Phone #