

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 # 765820 (6)

1. Corporation Name

CORKSCREW WOODLANDS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/19/1982
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-2264345
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
Zip: 29 Country: 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

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: *Joseph S. Adams* 3/27/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRINKS, ROGER	
STREET ADDRESS	10901 GROUND DOVE CIR	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIGEL, SAUL	
STREET ADDRESS	10923 LIMPKIN CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAYLIS, HERMAN	
STREET ADDRESS	10902 PEREGRINE FALCON CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRACK, JOSEPH	
STREET ADDRESS	10723 YELLOW RAIL CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	ASTD	<input checked="" type="checkbox"/> DELETE
NAME	SAXTON, JACK	
STREET ADDRESS	10949 GROUND DOVE CIR	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAXTON, JACK	
1.3 STREET ADDRESS	10949 GROUND DOVE CIRCLE	
1.4 CITY-ST-ZIP	ESTERO, FL 33928	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIGEL, SAUL	
2.3 STREET ADDRESS	10923 LIMPKIN CIRCLE	
2.4 CITY-ST-ZIP	ESTERO, FL 33928	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARTER, MARY	
3.3 STREET ADDRESS	10722 ROSEATE SPOONBILL CIRCLE	
3.4 CITY-ST-ZIP	ESTERO, FL 33928	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TAYLOR, CARL	
4.3 STREET ADDRESS	10931 SNOWY EGRET CIRCLE	
4.4 CITY-ST-ZIP	ESTERO, FL 33928	
5.1 TITLE	ASTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHATTUCK, DONALD	
5.3 STREET ADDRESS	10951 SNOWY EGRET CIRCLE	
5.4 CITY-ST-ZIP	ESTERO, FL 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 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: *Mary L. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 947-9237

DATE

DAYTIME PHONE #

CR2E037 (12/95)