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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

765820

(6)

CORKSCREW WOODLANDS ASSOCIATION, INC.

A											
Principal Place			Mailing Addres	SS					•		
21600 CORK ESTERO FL	(SCREW WOODLAI 33928	4DS BLVD.	21600 CORKSCREW WOODLANDS BLVD. ESTERO FL 33928								
							3. Date Inco	rporated or Qualified 19/1982		ate of Last 03/10/1	
2. Principal Place of Business			2a. Mailing Add	dress			4. FEI Numb)er OCAOAE			Applied For
21			26			59-7	264345			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate	of Status Desired			5 Additional	
City & State		· · · · · · · · · · · · · · · · · · ·	City & State		 						Required
23	0		28	е			i	Sampaign Financing d Contribution			May Be
Zip		Country	Zip		Country			oration has liability for in			d to Fees
24	25	·	29		30		Florida St	· · · · · · · · · · · · · · · · · · ·	Yes 🔲		199.032,
	9. Name and	Address of Curren	nt Registered Agen	t			10. Name an	d Address of New Re	gistered	Agent	
					81	Name		•			
ADAMS, JOSEPH BECKER & POLIKOFF, P. A.					Street	eet Address (P.O. Box Number is Not Acceptable)					
				82							
_		RIVE SUITE 101			83	ĺ					
FI. MYE	RS FL 33907				84	City				85 Zi	p Code
····						'			FL		•
11. Pursuant to	to the provisions o red agent, or both	of Sections 617.0502 i. in the State of Flori	l and 617.1508, Flori da. Such change wa	ida Statutes s authorized	s, the above-r	named co oration's	orporation submits this board of directors. The	s statement for the purp ereby accept the appoi	ose of cha	anging its i	registered offi
familiar wi	ith, and accept the	obligations of, Sect	on 617.0598, Florida	a Statutes.	. /			- /	1.	709/3(0/00	agom: rum
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SIGNATURE					7			-///			
	Signature, typed or print	ed name of registered agent	and title if applicable.	(NOTE	<i></i>	nt signature r	required when reinstating)	IS/CHANGES TO OFFI	PAIE ANI	DIRECTO	DES IN 12
	Signature, typed or print		and title if applicable. D DIRECTORS		13.	nt signature r	ADDITION	IS/CHANGES TO OFFIC	CERS AND		· · · · · · · · · · · · · · · · · · ·
12.		ed name of registered agent OFFICERS ANI	and title if applicable.		13. 1.1 TITLE	nt signature r	ADDITION PD		CERS AND	DIRECTO	DRS IN 12
12. TITLE	PD BRINKS, RO	ed name of registered agent OFFICERS ANI	and title if applicable. D DIRECTORS		13. 1.1 TITLE 1.2 NAME		ADDITION PD SAXTON, JAC	CIK	OERS AND		· · · · · · · · · · · · · · · · · · ·
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12. TITLE NAME	PD BRINKS, RO 10901 GRO ESTERO FL VPD	OFFICERS AND OFFICERS AND OGER UND DOVE CIR 33928	and title if applicable. D DIRECTORS	ELETE	13. 1.1 TITLE 1.2 NAME	ADDRESS	ADDITION PD SAXTON, JAC	CK ND DOVE CIRC	CERS AND		· · · · · · · · · · · · · · · · · · ·
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-28-96 947-9237
Date Daytine Priors