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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

21600 CORKSCREW WOODLANDS BLVD.  
ESTERO FL 33928

21600 CORKSCREW WOODLANDS BLVD.  
ESTERO FL 33928-2400

3. Date Incorporated or Qualified  
11/19/1982

3a. Date of Last Report  
04/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30 Zip Country

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, JOSEPH  
BECKER & POLIKOFF, P. A.  
13515 BELL TOWER DRIVE SUITE 101  
FT. MYERS FL 33907

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

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  
NAME SAXTON, JACK  
STREET ADDRESS 10949 GROUND DOVE CIRCLE  
CITY-ST-ZIP ESTERO FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME BIGEL, SAUL  
STREET ADDRESS 10923 LIMPKIN CIRCLE  
CITY-ST-ZIP ESTERO FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME CARTER, MARY  
STREET ADDRESS 10722 ROSEATE SPOONBILL CIRCLE  
CITY-ST-ZIP ESTERO FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME TAYLOR, CARL  
STREET ADDRESS 10931 SNOWY EGRET CIRCLE  
CITY-ST-ZIP ESTERO FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ASD  
NAME SHATTUCK, DONALD  
STREET ADDRESS 10951 SNOWY EGRET CIRCLE  
CITY-ST-ZIP ESTERO FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Saul Bigel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057117

CR2E037 (9/96)