

**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 # 768007 (7)  
1. Corporation Name  
**SOUTHERN COMFORT TENANTS ASSOCIATION INC.**



Principal Place of Business: 24479 US 19 N, LOT 331, CLEARWATER FL 34623 US  
Mailing Address: 24479 US 19 N, LOT 331, CLEARWATER FL 34623 US

3. Date Incorporated or Qualified: 04/18/1983  
3a. Date of Last Report: 04/03/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2400139	Applied For / Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**NORRIS, JO GLEASON**  
24479 U.S 19 N., LOT 1020  
CLEARWATER FL 34623

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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: *Jo Gleason Norris* (NOT: Registered Agent's signature required when reinstating)  
DATE: 3/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WHITTAKER, JOE 24479 US 19 N., LOT 340 CLEARWATER FL	11 TITLE	NEVITT, JOE
NAME		12 NAME	24479 US 19 N LOT 715
STREET ADDRESS		13 STREET ADDRESS	CLEARWATER FL 34623
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V NEVITT, JOE 24479 U. S. 19 N. LOT 715 CLEARWATER FL	21 TITLE	FISHER, WARD
NAME		22 NAME	24479 U.S. 19 N LOT 430
STREET ADDRESS		23 STREET ADDRESS	CLEARWATER FL 34623
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	S WHEELER, FRED A 2479 U.S. 19 N., LOT 820 CLEARWATER FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	T ESCOTT, CAROL 2045 US 19 N #331 CLEARWATER FL	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D PALMETER, BRUCE 24479 U.S. 19 N., LOT 517 CLEARWATER FL	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D KESSLER, RICHARD 2045 US 19 N #213 CLEARWATER FL	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: *Carol Escott* Carol Escott 3/26/95 813-799-1710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)