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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G96192** (1)

1. Corporation Name
GROSSE POINTE RESIDENTS', INC.



Principal Place of Business: **9900 ULMERTON RD. LOT 228 LARGO FL 34641**
Mailing Address: **9900 ULMERTON RD. LOT 228 LARGO FL 33771-4336**

3. Date Incorporated or Qualified: **04/13/1984**
3a. Date of Last Report: **04/05/1996**
4. FEI Number: **59-2500270**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**FORD, EDWIN I.
2310 WEST BAY DRIVE
LARGO FL 34640**

10. Name and Address of New Registered Agent
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 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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SATTEM, RALPH	
STREET ADDRESS	LOT 228 9900 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MOSCHINI, SILIO A	
STREET ADDRESS	9900 ULMERTON RD LOT 247	
CITY-ST-ZIP	LARGO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MOSCHINI, MILDRED	
STREET ADDRESS	LOT 247 9900 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILLARGEON, ROBERT	
STREET ADDRESS	9900 ULMERTON LOT 64	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, DOROTHY	
STREET ADDRESS	LOT 241 9900 ULMERTON RD.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUILLARD, LILIANE	
STREET ADDRESS	LOT 209 9900 ULMERTON RD.	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA AHLBERG	
1.3 STREET ADDRESS	LOT 12 9900 ULMERTON RD.	
1.4 CITY-ST-ZIP	LARGO FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERNIE HASTINGS	
2.3 STREET ADDRESS	LOT "J" 9900 ULMERTON RD.	
2.4 CITY-ST-ZIP	LARGO FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EARL PEARCE	
3.3 STREET ADDRESS	LOT 242	
3.4 CITY-ST-ZIP	LARGO FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEN SALVESEN	
4.3 STREET ADDRESS	LOT 36	
4.4 CITY-ST-ZIP	LARGO FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RALPH SATTEM** Date: **2-12-97** Daytime Phone #: **813 584 6814**

CR2E034 (9/96)