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 # N01232 (0)

1. Corporation Name

ZEPHYR SHORES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
35112 ADA AVENUE ZEPHYRHILLS FL 33541-2101	35112 ADA AVENUE ZEPHYRHILLS FL 33541-2101

300001770583
-04/12/96--01061 -005

3. Date Incorporated or Qualified	3a. Date of Last Report
02/03/1984	03/29/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-2650886** ☑ 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

GRAHAM, ROBERT F
35147 DALE AVE.
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name: ROBINSON, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 34920 CARL AVE.
83
84 City: ZEPHYRHILLS **FL** 85 Zip Code: 33541

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: X William B. Robinson PRESIDENT 4-9-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHAM, ROBERT F. 35147 DALE AVE ZEPHYRHILLS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ROBINSON, WILLIAM 34920 CARL AVE, ZEPHYRHILLS, FL 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRANAM, RUSSELL 4710 MADISON AVE. ZEPHYRHILLS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D GRAHAM, ROBERT F. 35147 DALE AVE. ZEPHYRHILLS, FL. 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOODINE, LEROY 35242 ADA AVE ZEPHYRHILLS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD MOODY, MILENE 4716 WINDY LANE ZEPHYRHILLS, FL. 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLESTAD, CHET 35127 ADA AVENUE ZEPHYRHILLS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD TINGLEY, LEONA 35023 ZEPHYR SHORES DR. ZEPHYRHILLS, FL. 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD KORTH, RUBY 4637 SIX MILE POND ZEPHYRHILLS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP HILLESTAD, CHET 35127 ADA AVE. ZEPHYRHILLS, FL. 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVD ROBINSON, WILLIAM 34920 CARL AVE ZEPHYRHILLS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	ATD BERLIN, ADRIENNE 35132 ZEPHYR SHORES DR. ZEPHYRHILLS, FL. 33541	☐ Change ☒ Addition

4-12-96 JR

CR2E037 (12/95)

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: William B. Robinson 3-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM B. ROBINSON, PRESIDENT