

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 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 # N01232 (0) 1. Corporation Name ZEPHYR SHORES PROPERTY OWNERS ASSOCIATION, INC.																																																																																																																																																			
Principal Place of Business 35112 ADA AVENUE ZEPHYRHILLS FL 33541-2101		Mailing Address 35112 ADA AVENUE ZEPHYRHILLS FL 33541-2101																																																																																																																																																	
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																																																																																																																																																	
3. Date Incorporated or Qualified 02/03/1984		3a. Date of Last Report 04/12/1996																																																																																																																																																	
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 ROBINSON, WILLIAM 34920 CARL AVE. ZEPHYRHILLS FL 33541		10. Name and Address of New Registered Agent 81 Name ALEXAKOS, GUS 82 Street Address (P.O. Box Number is Not Acceptable) 4625 WINDY LANE 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: GUS ALEXAKOS <i>Gus Alexakos</i> FEBRUARY 5, 1997 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>GRAHAM, ROBERT F.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>35147 DALE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>MOODY, EILENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4716 WINDY LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS FL 33541</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ATD</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>BEALIEU, ADRIENNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>35132 ZEPHYR SHORES DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS FL 33541</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>HILLESTAD, CHET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>35127 ADA AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ASD</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>KORTH, RUBY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4637 SIX MILE POND</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>ROBINSON, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34920 CARL AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS FL</td> <td></td> </tr> </table>		TITLE	D	☒ DELETE	NAME	GRAHAM, ROBERT F.		STREET ADDRESS	35147 DALE AVE		CITY-ST-ZIP	ZEPHYRHILLS FL		TITLE	SD	☐ DELETE	NAME	MOODY, EILENE		STREET ADDRESS	4716 WINDY LANE		CITY-ST-ZIP	ZEPHYRHILLS FL 33541		TITLE	ATD	☒ DELETE	NAME	BEALIEU, ADRIENNE		STREET ADDRESS	35132 ZEPHYR SHORES DR.		CITY-ST-ZIP	ZEPHYRHILLS FL 33541		TITLE	VP	☐ DELETE	NAME	HILLESTAD, CHET		STREET ADDRESS	35127 ADA AVENUE		CITY-ST-ZIP	ZEPHYRHILLS FL		TITLE	ASD	☒ DELETE	NAME	KORTH, RUBY		STREET ADDRESS	4637 SIX MILE POND		CITY-ST-ZIP	ZEPHYRHILLS FL		TITLE	PD	☐ DELETE	NAME	ROBINSON, WILLIAM		STREET ADDRESS	34920 CARL AVE		CITY-ST-ZIP	ZEPHYRHILLS FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>P/D</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>ALEXAKOS, GUS</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>4625 WINDY LANE</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL. 33541</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>T/D</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>TINGLEY, LEONA</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>35023 ZEPHYR SHORES DR.</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL. 33541</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>AS/D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>HUSTON, MARGRET</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>35029 ZEPHYR SHORES DR.</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL. 33541</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>AT/D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>YAKUBOFF, PAUL</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>34945 ZEPHYR SHORES DR.</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL. 33541</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>AV/D</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>SMITH, LYMAN</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>35116 ADA AVE.</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL. 33541</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>ROBINSON, WILLIAM</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>34920 CARL AVE.</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL. 33541</td> <td></td> </tr> </table>		1.1 TITLE	P/D	☒ Change ☐ Addition	1.2 NAME	ALEXAKOS, GUS		1.3 STREET ADDRESS	4625 WINDY LANE		1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541		2.1 TITLE	T/D	☐ Change ☐ Addition	2.2 NAME	TINGLEY, LEONA		2.3 STREET ADDRESS	35023 ZEPHYR SHORES DR.		2.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541		3.1 TITLE	AS/D	☐ Change ☒ Addition	3.2 NAME	HUSTON, MARGRET		3.3 STREET ADDRESS	35029 ZEPHYR SHORES DR.		3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541		4.1 TITLE	AT/D	☐ Change ☒ Addition	4.2 NAME	YAKUBOFF, PAUL		4.3 STREET ADDRESS	34945 ZEPHYR SHORES DR.		4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541		5.1 TITLE	AV/D	☒ Change ☐ Addition	5.2 NAME	SMITH, LYMAN		5.3 STREET ADDRESS	35116 ADA AVE.		5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541		6.1 TITLE		☒ Change ☐ Addition	6.2 NAME	ROBINSON, WILLIAM		6.3 STREET ADDRESS	34920 CARL AVE.		6.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
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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: EILENE MOODY, SECRETARY <i>Eilene Moody</i> 2/1/97 813-782-0797 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0045640																																																																																																																																																			

CR2E037 (9/96)