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02-27-1999 90053 013 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01232

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

02/03/1984

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

9. Name and Address of Current Registered Agent

ALEXAKOS, GUS
4625 WINDY LANE
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name Yakuboff, Paul
82 Street Address (P.O. Box Number is Not Acceptable)
34945 Zephyr Shores Drive
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 617.0603, Florida Statutes.

SIGNATURE Paul Yakuboff PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-27-99

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ALEXAKOS, GUS	
STREET ADDRESS	4625 WINDY LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	☒ DELETE
NAME	TINGLEY, LEONA	
STREET ADDRESS	35023 ZEPHYR SHORES DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	☐ DELETE
NAME	HUSTON, MARGARET	
STREET ADDRESS	35029 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	VD	☒ DELETE
NAME	SMITH, LYMAN	
STREET ADDRESS	35116 ADA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	☒ DELETE
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	34920 CARL AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Yakuboff, Paul	
1.3 STREET ADDRESS	34945 Zephyr Shores Drive	
1.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	LeRoy Goodine	
2.3 STREET ADDRESS	35242 Ada Avenue	
2.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ATD	☐ Change ☒ Addition
4.2 NAME	VanBuren, Lorraine	
4.3 STREET ADDRESS	35014 Carl Avenue	
4.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
5.1 TITLE	VD	☐ Change ☒ Addition
5.2 NAME	McCoy, Eugene	
5.3 STREET ADDRESS	35137 Dale Avenue	
5.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
6.1 TITLE	ASD	☐ Change ☒ Addition
6.2 NAME	Cleveland, Marsha	
6.3 STREET ADDRESS	35148 Ada Avenue	
6.4 CITY-ST-ZIP	Zephyrhills, FL 33541	

14. I 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, with all other like empowered.

SIGNATURE: MARGARET HUSTON *Margaret Huston* 1-27-99 780-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)