

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:10

DOCUMENT # **N01452** (4)

1. Corporation Name

**THE WOODS AT ANDERSON PARK CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

2753 S.R. 580, STE 207
CLEARWATER FL 34621-3351

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CLEARWATER FL 34621-3351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/15/1984** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-2370079** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REARDON, MAUREEN C
2753 SR 580 SUITE 207
CLEARWATER FL 34621**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BREDEN, PAT
STREET ADDRESS	39650 US HWY 19 NO #731
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	SD
NAME	HUBLACK, BOB
STREET ADDRESS	39650 US HWY 19 N #751
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	PD
NAME	JOHNSON, PAT
STREET ADDRESS	39650 US HWY 19 N #324
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	VD
NAME	ADELMAN, HERMAN
STREET ADDRESS	39650 US HWY 19 N #718
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	D
NAME	FINK, BARBARA
STREET ADDRESS	39650 US HWY 19 NO #542
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	D
NAME	MILANO, LEONARD
STREET ADDRESS	39650 US HWY 19 N #334
CITY - ST - ZIP	TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WALKER, BETTY	
13 STREET ADDRESS	39650 U.S. 19 NORTH #343	
14 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
21 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CROW, DENNIS	
23 STREET ADDRESS	39650 U.S. 19 NORTH #351	
24 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MOORE, TREVOR	
33 STREET ADDRESS	39650 U.S. 19 NORTH #326	
34 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SUMMERHAYES, FLORENCE	
53 STREET ADDRESS	39650 U.S. 19 NORTH #562	
54 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
61 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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:

LEONARD P. MILANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

02/12/95 (010)942-1770
DATE TELEPHONE