

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 # N01452 (4)

1. Corporation Name

THE WOODS AT ANDERSON PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
02/15/1984

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BREDEN, PAT	
STREET ADDRESS	39650 US HWY 19 NO #731	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CROW, DENNIS	
STREET ADDRESS	39650 US 19 NORTH #351	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, TREVOR	
STREET ADDRESS	39650 US 19 NORTH #326	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADELMAN, HERMAN	
STREET ADDRESS	39650 US HWY 19 N #716	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERHAYES, FLORENCE	
STREET ADDRESS	39650 US 19 NORTH #562	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
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

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROWN, KEITH	
1.3 STREET ADDRESS	39650 US 19 N #344	
1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/96

942-1770

CR2E037 (12/95)