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Feb 11 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 # 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 34621-3345

3. Date Incorporated or Qualified
02/15/1984

3a. Date of Last Report
02/26/1996

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME BROWN, KEITH
STREET ADDRESS 39650 US 19 N 344
CITY-ST-ZIP TARPON SPRINGS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME MOORE, TREVOR
STREET ADDRESS 39650 US 19 NORTH #328
CITY-ST-ZIP TARPON SPRINGS FL

2.1 TITLE P/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ADELMAN, HERMAN
STREET ADDRESS 39650 US HWY 19 N #716
CITY-ST-ZIP TARPON SPRINGS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME SUMMERHAYES, FLORENCE
STREET ADDRESS 39650 US 19 NORTH #562
CITY-ST-ZIP TARPON SPRINGS FL

4.1 TITLE Change Addition
4.2 NAME MIKRES, JEFFREY
4.3 STREET ADDRESS 39650 US 19 NORTH #733
4.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE PD DELETE
NAME MILANO, LEONARD
STREET ADDRESS 39650 US HWY 19 N #334
CITY-ST-ZIP TARPON SPRINGS FL

5.1 TITLE Change Addition
5.2 NAME MILLER, ED
5.3 STREET ADDRESS 39650 US 19 NORTH #311
5.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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

Maureen C. Reardon 724-600x5289

CR2E037 (9/96)