

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04636 (9)**  
1. Corporation Name

**THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.**



Principal Place of Business: **2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US**  
Mailing Address: **2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08/09/1984**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-6829494**  
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  
**FLORIDA CENTRAL MANAGEMENT INC  
2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, EDWARD	
STREET ADDRESS	1531 REBECCA LANE	
CITY-ST-ZIP	DUNEDINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOSEPH, DORENE	
STREET ADDRESS	1552 LYNDA LANE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PILGER, MARY	
STREET ADDRESS	1551 REBECCA LN #506	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLEMING, JOHN	
STREET ADDRESS	1557 LYNDA LN.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, VIVIAN	
STREET ADDRESS	1541 LYNDA LANE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOSEPH, DOREEN	
13 STREET ADDRESS	1552 LYNDA LANE	
14 CITY-ST-ZIP	DUNEDIN, FL. 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VD	
22 NAME	MUELLER, DENNIS	
23 STREET ADDRESS	2349 BEVERLY DRIVE	
24 CITY-ST-ZIP	DUNEDIN, FL. 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	S	
32 NAME	DECUZZI, ROSEMARIE	
33 STREET ADDRESS	2345 BEVERLY DRIVE	
34 CITY-ST-ZIP	DUNEDIN, FL. 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	T	
42 NAME	MYTYK, SIGMUND	
43 STREET ADDRESS	2337 BEVERLY DRIVE	
44 CITY-ST-ZIP	DUNEDIN, FL. 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	D	
52 NAME	DAVIDSON, JOHN	
53 STREET ADDRESS	1530 REBECCA LANE	
54 CITY-ST-ZIP	DUNEDIN, FL. 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
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: *Dennis P. Mueller* DENNIS P. MUELLER 4/4/96 813-7536-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)