

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 # N05654 (1)

1. Corporation Name

AMERICAN CONDOMINIUM PARKS-ZEPHYRHILLS, A CONDO  
MINIUM ASSOCIATION, INC.

Principal Place of Business

35136 CONDOMINIUM BLVD.  
ZEPHYRHILLS FL 33541

Mailing Address

35136 CONDOMINIUM BLVD.  
ZEPHYRHILLS FL 33541

3. Date Incorporated or Qualified  
10/15/1984

3a. Date of Last Report  
02/06/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2721252

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

HERENDEEN, ELWYN C.  
4847 BRITNI WAY, LOT 214  
ZEPHYRHILLS FL 33541

81 Name

Becker & Poliakoff P.A.

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

5999 Central Ave. Suite 104

83

St. Petersburg, Fla. 33710

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

*Elwyn C. Herendeen*

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-16-96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, DOROTHY L.	
STREET ADDRESS	35046 DAYN DRIVE, LOT 142	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HASSON, LYLE H.	
STREET ADDRESS	35207 DODIE DRIVE, LOT 37	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHIPPER, GEORGE M.	
STREET ADDRESS	4961 BRITNI WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HERENDEEN, ELWYN C.	
STREET ADDRESS	4847 BRITNI WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	KLEINHANS, WILLIAM P.	
STREET ADDRESS	35052 GARBER LANE, LOT 205	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	E.C. Herendeen	
14 CITY-ST-ZIP	4847 Britni Way	
	Zephyrhills, Fla Lot 214	
21 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Clyde Davis	
23 STREET ADDRESS	35036 Condo. Blvd.	
24 CITY-ST-ZIP	Zephyrhills, Fla. Lot 290	
31 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	John Butler	
33 STREET ADDRESS	4954 Britni Way	
34 CITY-ST-ZIP	Zephyrhills, Fla. 33541 Lot 85	
41 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Dorothy Burns	
43 STREET ADDRESS	35046 Danny Dr.	
44 CITY-ST-ZIP	Zephyrhills, Fla. 33541 Lot 142	
51 TITLE	Ass't Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Kenneth Turner	
53 STREET ADDRESS	35035 Danny Dr.	
54 CITY-ST-ZIP	Zephyrhills, Fla. 33541 Lot 131	
61 TITLE		<input 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:

*Elwyn C. Herendeen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELWYN C. HERENDEEN

Date

Daytime Phone #

4-16-96 813-783-7388

APPROVED  
AND  
FILED

MAY 21 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (12/95)