

**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 # **N11220** (3)

1. Corporation Name  
**FLORAL PARK PROPERTY OWNERS' ASSOCIATION**



Principal Place of Business: % EVELYN HIGHT, 2690 CAMBRIDGE RD, LANTANA FL 33462  
Mailing Address: % EVELYN HIGHT, 2690 CAMBRIDGE RD, LANTANA FL 33462

3. Date Incorporated or Qualified: **09/20/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2259689**  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
9. Name and Address of Current Registered Agent: HIGHT, EVELYN N., 6711 WESTVIEW DR, LANTANA FL 33462

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: PARKER, ROLAND STREET ADDRESS: 6668 N PLYMOUTH DR CITY-ST-ZIP: LANTANA FL	<input checked="" type="checkbox"/> DELETE	1 1 TITLE: P 1 2 NAME: CONLEY, WILLIAM 1 3 STREET ADDRESS: 6844 Congress Avenue 1 4 CITY-ST-ZIP: Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: HART, RAYMOND STREET ADDRESS: 2701 NORTHSIDE DR CITY-ST-ZIP: LANTANA FL	<input checked="" type="checkbox"/> DELETE	2 1 TITLE: V 2 2 NAME: LORE, CHARLES 2 3 STREET ADDRESS: 2789 Northside Drive 2 4 CITY-ST-ZIP: Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: TRAYLOR, KAY STREET ADDRESS: 2800 SOMERSET RD CITY-ST-ZIP: LANTANA FL	<input checked="" type="checkbox"/> DELETE	3 1 TITLE: T 3 2 NAME: DOLAN, UNA 3 3 STREET ADDRESS: 6850 Eastview Drive 3 4 CITY-ST-ZIP: Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HIGHT, EVELYN STREET ADDRESS: 6711 WESTVIEW DR CITY-ST-ZIP: LANTANA FL	<input type="checkbox"/> DELETE	4 1 TITLE: D 4 2 NAME: LEONHARDT, DORIS 4 3 STREET ADDRESS: 6630 N. Plymouth Drive 4 4 CITY-ST-ZIP: Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BIGERTON, MICHAEL STREET ADDRESS: 6859 OSBORNE DR CITY-ST-ZIP: LANTANA FL	<input checked="" type="checkbox"/> DELETE	5 1 TITLE: D 5 2 NAME: MILLER, JAMES 5 3 STREET ADDRESS: 2690 Cambridge Road 5 4 CITY-ST-ZIP: Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CONLEY, WILLIAM STREET ADDRESS: 6844 CONGRESS AVE CITY-ST-ZIP: LANTANA FL	<input checked="" type="checkbox"/> DELETE	6 1 TITLE: D 6 2 NAME: PIERCE, THOMAS 6 3 STREET ADDRESS: 6579 Eastview Drive 6 4 CITY-ST-ZIP: Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Conley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **William Conley, President**  
Date: **1/23/96** (305) 321-0022  
Date/Time Phone #

CR2E037 (12/95)