

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 26 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **N26533 (2)**  
1. Corporation Name  
**INTERSTATE PARK 78 PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**% JOHN E. STATES**  
6360-1 PRESIDENTIAL CT.  
FT. MYERS FL 33919

**% JOHN E. STATES**  
6360-1 PRESIDENTIAL CT.  
FT. MYERS FL 33919

2. Principal Place of Business 2a. Mailing Address

21 **10501 6-Mile Cypress Pkwy** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 107** 27  
City & State City & State **STATE**

23 **FT. MYERS, FL** 28  
Zip Country Zip Country

24 **33912-6400** 25 **LEE** 29 30

8. Name and Address of Current Registered Agent

**STATES, JOHN E.**  
6360-1 PRESIDENTIAL CT.  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10501 6 Mile CYPRESS PKY #**

83 **Suite 107**  
84 City **FT. MYERS** **FL** 85 Zip Code **33912-6400**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STATES, JOHN E.</b>	1.2 NAME	<b>STATES, John E.</b>
STREET ADDRESS	<b>6360-1 PRESIDENTIAL CT.</b>	1.3 STREET ADDRESS	<b>10501 6 Mile CYPRESS PKY #107</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33912-6400</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLISANO, STEPHONY S.</b>	2.2 NAME	<b>Tolisano, Stephony S.</b>
STREET ADDRESS	<b>6360-1 PRESIDENTIAL CT</b>	2.3 STREET ADDRESS	<b>10501 6 Mile CYPRESS PKY #107</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	2.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33912-6400</b>
TITLE	<b>STD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRY, WARREN T.</b>	3.2 NAME	<b>STD Barry, Warren T.</b>
STREET ADDRESS	<b>6360-1 PRESIDENTIAL CT.</b>	3.3 STREET ADDRESS	<b>10501 6 Mile CYPRESS PKY #107</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33912-6400</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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, changed or on an attachment with an address.

SIGNATURE: *[Signature]* **4/6/95** **817-278-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #