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CORPORATION
ANNUAL REPORT
1995



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

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DIVISION OF CORPORATIONS
95 APR 14 AM 9:33

DOCUMENT # **N28688** (2)

1. Corporation Name

SOUTHPARK WOODS MASTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JOAN HANSEN 5410 PARK ROAD FORT MYERS FL 33908	C/O JOAN HANSEN 5410 PARK ROAD FORT MYERS FL 33908

3. Date Incorporated or Qualified 10/04/1988	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0096095	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 16020 Sunset Strip	26 16020 Sunset Strip
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Fort Myers, FL	28 City & State Fort Myers, FL
24 Zip 33908	25 Country
29 Zip 33908	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HANSEN, JOAN
5410 PARK ROAD
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
Jorgen Jorgensen

82 Street Address (P.O. Box Number is Not Acceptable)
16020 Sunset Strip

83

84 City
Fort Myers

85 Zip Code
FL 33908

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 607.0505, Florida Statutes.

SIGNATURE Jorgen Jorgensen *J. Jorgensen* **04/11-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE) Registered agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTH, LU
STREET ADDRESS	5410 PARK RD., SUITE 1
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	KRAMER, LEROY
STREET ADDRESS	5410 PARK RD. #2
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	KRAMER, HARRIET
STREET ADDRESS	5410 PARK RD. #2
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David K. Smith
1.3 STREET ADDRESS	16020 Sunset Strip
1.4 CITY - ST - ZIP	Fort Myers, FL 33908
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jorgen Jorgensen
2.3 STREET ADDRESS	16020 Sunset Strip
2.4 CITY - ST - ZIP	Fort Myers, FL 33908
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Genoveva Jorgensen
3.3 STREET ADDRESS	16020 Sunset Strip
3.4 CITY - ST - ZIP	Fort Myers, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Jorgen Jorgensen *J. Jorgensen* **04-11-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #