

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **N34635** (5)

55 MAY - 1 AM 8:35

PROMENADE HOMEOWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 552 MAIN STREET SAFETY HARBOR FL 34695
Mailing Address: 552 MAIN STREET SAFETY HARBOR FL 34695

2. Principal Place of Business: 21 2697 SUNSET POINT RD. 26 2697 SUNSET POINT RD.
22 State, Apt. #, etc. 27 State, Apt. #, etc.
23 City & State: CLEARWATER FL 28 CLEARWATER FL
24 Zip: 34619 25 Country: USA 29 Zip: 34619 30 Country: USA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 10/12/1989
3b. Date of Last Report: 05/01/1994
4. FFI Number: 59-2982262 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CUSTOM COMMUNITY MANAGEMENT RANDAZZO, FRANK, M 2331 BELLEAIR ROAD, SUITE B CLEARWATER FL 34624

10. Name and Address of New Registered Agent: 81 Name: MIGUEL D. ESTRADA 82 Street Address (P.O. Box Number is Not Acceptable): 12360 66TH ST N. SUITE A 83 84 City: LARGO FL 85 Zip Code: 34663

11. Pursuant to the provisions of Sections 607.0402 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: Miguel D. Estrada 4/27/95

12. OFFICERS AND DIRECTORS

12.1 NAME: BP BRYANT, PAUL <i>REMOVE</i>	12.2 STREET ADDRESS: 1992 PROMENADE WAY CLEARWATER FL	12.3 CITY, ST, ZIP:
12.4 NAME: DV MARLOW, DOUG	12.5 STREET ADDRESS: 1961 PROMENADE WAY CLEARWATER FL	12.6 CITY, ST, ZIP:
12.7 NAME: DT ESTRADA, MIKE	12.8 STREET ADDRESS: 1973 PROMENADE WAY CLEARWATER FL	12.9 CITY, ST, ZIP:
12.10 NAME:	12.11 STREET ADDRESS:	12.12 CITY, ST, ZIP:
12.13 NAME:	12.14 STREET ADDRESS:	12.15 CITY, ST, ZIP:
12.16 NAME:	12.17 STREET ADDRESS:	12.18 CITY, ST, ZIP:

13. ADDITIONAL OFFICERS AND DIRECTORS (Check one): Change Addition

13.1 NAME: DP MARLOW DOUG	13.2 STREET ADDRESS: 1961 PROMENADE WAY CLEARWATER FL 34620	13.3 CITY, ST, ZIP:
13.4 NAME: DV LAWRENCE, JAMES	13.5 STREET ADDRESS: 1957 PROMENADE WAY CLEARWATER, FL 34620	13.6 CITY, ST, ZIP:
13.7 NAME:	13.8 STREET ADDRESS:	13.9 CITY, ST, ZIP:
13.10 NAME:	13.11 STREET ADDRESS:	13.12 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 199.032(1)(c), Florida Statutes. I further certify that the information included 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 117, Florida Statutes, and that my name appears in Block 12 of this filing is being filed on an attachment with an address.

SIGNATURE: Miguel D. Estrada 3/14/95 (813) 538-2173