

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N34635 (5)

1. Corporation Name
PROMENADE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **2697 SUNSET POINT RD CLEARWATER FL 34619 US**
Mailing Address: **2697 SUNSET POINT RD CLEARWATER FL 34619 US**

3. Date Incorporated or Qualified: **10/12/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **59-2982262**
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
**ESTRADA, MIGUEL D
12360 66TH ST. N.
SUITE A
LARGO FL 34643**

10. Name and Address of New Registered Agent
81. Name: **NASSER, WILLIAM J**
82. Street Address: **2697-B Sunset Point Road**
83. City: **Clearwater, FL**
84. Zip Code: **FL 34619**

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: *William Nasser* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE: **4/17/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | LAWRENCE, JAMES | |
| STREET ADDRESS | 1957 PROMENADE WAY | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MARLOW, DOUG | |
| STREET ADDRESS | 1961 PROMENADE WAY | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | ESTRADA, MIKE | |
| STREET ADDRESS | 1973 PROMENADE WAY | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Lawrence, James | |
| 1.3 STREET ADDRESS | 1957 Promenade Way | |
| 1.4 CITY-ST-ZIP | Clearwater, FL 34620 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 | 500001872425 | |
| 5.3 STREET ADDRESS | -06/24/96--01018--042 | |
| 5.4 CITY-ST-ZIP | ***61.25 | |
| 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)(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, on an attachment with an address.

SIGNATURE: *James Lawrence* (Signature and typed or printed name of signing officer or director) DATE: **4/11/96** DAYTIME PHONE #

CR2E037 (12/95)