

**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 # N36844 (1)**  
1. Corporation Name  
**DANFORTH PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2100 SW MARTIN HWY.  
PALM CITY FL 34990**

Mailing Address  
~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXX~~

3. Date Incorporated or Qualified  
**02/26/1990**

3a. Date of Last Report  
**04/24/1995**

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

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

4. FEI Number  
**59-3006746**

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  
~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXX~~

10. Name and Address of New Registered Agent  
**81** Name  
**JANE CORNETT**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**401 EAST OSCEOLA STREET FIRST FLOOR**

**83** City  
**RIVER OAK CENTER**

**84** State  
**FL**

**85** Zip Code  
**34994**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *[Signature]* DATE **5-6-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXX</del>	
CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILIPS, KAREN	
STREET ADDRESS	2100 SW MARTIN HWY.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXX</del>	
CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ENGLISH, BETTY	
STREET ADDRESS	2100 SW MARTIN HWY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRY, STEPHEN	
STREET ADDRESS	3547 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWARD SULLIVAN	
1.3 STREET ADDRESS	2247 SW DANFORTH CIR	
1.4 CITY-ST-ZIP	PALM CITY, FL 34990	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT MYERS	
2.3 STREET ADDRESS	2408 SW DANFORTH CIR	
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOUGLAS POULTER	
3.3 STREET ADDRESS	2232 SW DANFORTH CIR	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
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)(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: *[Signature]* DATE: **5/6/96** 407-388-7149

CR2E037 (12/95)