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FILED

**Feb 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N36844 (1)

1. Corporation Name

DANFORTH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2100 SW MARTIN HWY.
PALM CITY FL 34990

1501 DECKER AVE
SUITE 112
STUART FL 34994-3964
US

3. Date Incorporated or Qualified
02/26/1990

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3125 SW Mapp Rd.

4. FEI Number
59-3006746

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

24

25

29 34990

30

Martin

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JANE CORNETT
401 EAST OSCEOLA STREET, FIRST FLOOR
RIVER OAK CENTER
STUART FL 34994**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
NAME **EDWARD SULLIVAN**
STREET ADDRESS **2247 SW DANFORTH CIR**
CITY-ST-ZIP **PALM CITY FL**

1.1 TITLE **DP** Change Addition
1.2 NAME **Susan Gordon**
1.3 STREET ADDRESS **4325 SW Brookside Drive**
1.4 CITY-ST-ZIP **Palm City FL 34990**

TITLE **DS** DELETE
NAME **ROBERT MYERS**
STREET ADDRESS **2408 SW DANFORTH CIR**
CITY-ST-ZIP **PALM CITY FL**

2.1 TITLE **DVS** Change Addition
2.2 NAME **Robert Maune**
2.3 STREET ADDRESS **2143 SW Danforth Circle**
2.4 CITY-ST-ZIP **Palm City FL 34990**

TITLE **DT** DELETE
NAME **DOUGLAS POULTER**
STREET ADDRESS **2232 SW DANFORTH CIR**
CITY-ST-ZIP **PALM CITY FL**

3.1 TITLE **D.T.** Change Addition
3.2 NAME **Thomas Ryan**
3.3 STREET ADDRESS **3643 SW Thistlewood Drive**
3.4 CITY-ST-ZIP **Palm City FL 34990**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071932

CPRE037 (9/96)