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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	The state of	>	DIVISION OF	- CORPORAT	HONS	- 1				
DOCU 1. Corporation	MENT #	N43393)					5			
CE	DAR GROVE	HOMEOWNERS	ASSOCI	ATION, I	NC.						
Principal Place of Business 5191 MOELLER AV SARASOTA FL 34233 Mailing Address 5191 MOELLER AV SARASOTA FL 34233											
							Ī	3. Date Incorporated or Qualifit 5/14/1991	ed 3	a. Date of La	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	-	-	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0273913 Not Applicabl 5. Certificate of Status Desired \$8.75 Additional			
City & Stat	te			& State				6. Election Campaign Financin			e Required OD May Be
3 Zip		Country	28 Zip		Countr	ry		Trust Fund Contribution 8. This corporation has liability	for integral	Ad	ded to Fees
4	25 9 Name and	Address of Current I	29 Registered	Agent	30			Florida Statutes	☐ Ye	s 🗌 No	8. 199,032,
			riogistered	Agoni	8	1 Name		10. Name and Address of Ne	w Hegiste	rea Agent	
	ORES TUCKI				8:	2 Street A		ORES TUCKER § (P.O. Box Number is Not Accept	otable)		
	1 MOELLER ASOTA FL 3						519	1 MOELLER AVE		····	
, BAR	MOUIN FL .	04233			83	3	SAR	RASOTA FL 34233			
					84	4 0.		A COMA TY		85	Zin Code 4233
							SAR	KASUTA FL		PI 1 15	4233
1% Pursuant or registe	to the provisions o	of Sections 617.0502 ar	nd 617.150 Such char	08, Florida Statute			SAR orporation	RASOTA FL	purpose o	FL 3	4233 s registered office
	to the provisions or pred agent, or both, with, and accept the	of Sections 617.0502 ar , in the State of Florida e obligations of, Section	nd 617.150 Such char 1 617.0503,	8, Florida Statute nge was authoriz Florida Statutes			SAR proporation board of	on submits this statement for the of directors. I hereby accept the	purpose o	of changing it nt as register	s registered officed agent. I am
SIGNATURE	DOLORE	S TUCKER : ed name of registered agent and	SEC/7	REAS.		named corporation's	proporation board of	on submits this statement for the of directors. I hereby accept the a	purpose o	of changing it as register	s registered office agent. I am
SIGNATURE	DOLORE Signature, typed or print	STUCKER.	SEC/7	ECAS. NO S. 1.	es the above ed by the cor	e-named co rporation's l Comment signature re	orporation board of the leading of t	on submits this statement for the of directors. I hereby accept the a	purpose o appointme	of changing it nt as register //3/ It. AND DIREC	s registered officed agent. I am
SIGNATURE 12.	Signature: typed or printe	ed name of registered agent and OFFICERS AND D	SEC/7	REAS.	es the above ed by the cor in the	ent signature re	prporation board of the property of the proper	on submits this statement for the of directors. I hereby accept the accept th	purpose o appointme	of changing it nt as register	s registered officed agent. I am
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SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 (941) 923-6837