

**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 # N44456 (4)**

1. Corporation Name  
**BROADWAY PALMS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**673 BROADWAY ST.  
DUNEDIN FL 34698  
US**

Mailing Address  
**673 BROADWAY ST.  
DUNEDIN FL 34698  
US**

3. Date Incorporated or Qualified  
**07/26/1991**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3111445</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State		City & State		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
23		28		81 Name		85 Zip Code	
Zip		Country		82 Street Address (P.O. Box Number is Not Acceptable)		FL	
24		25		83		84 City	
29		30		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD HEIFITZ, LINDA 677 BROADWAY ST. DUNEDIN FL	1.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAYSON, ELAINE	2.2 NAME	LEMING, BARBARA
STREET ADDRESS	679 BROADWAY ST	2.3 STREET ADDRESS	321 SCOTLAND ST
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSARO, BERNADETTE	3.2 NAME	
STREET ADDRESS	673 BROADWAY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KING, EILEEN
STREET ADDRESS		4.3 STREET ADDRESS	675 BROADWAY ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	<b>900001895539</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-07/16/96--01168--041</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Bernadette Massaro, President* **3/13/96** **(813) 789-1284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)