

**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 # **N93000003984 (2)**

1. Corporation Name  
**DREW AND PLAZA PARK HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business: **210 VINE AVE. CLEARWATER FL 34615**  
Mailing Address: **PO BOX 714 CLEARWATER FL 34617 US**

3. Date Incorporated or Qualified: **09/01/1993**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-3218131</b>	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TANKEL, ROBERT L</b> <b>33 N. GARDEN AVE.</b> <b>CLEARWATER TOWER - SUITE 960</b> <b>CLEARWATER FL 34615-4116</b>				81	Name <b>TEW, ZINOBER, BARLES, Zimmet &amp; Ulice</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>2655 McCormick Drive</b>		
				83	City <b>Prestige Professional Park</b>		
				84	City <b>CLEARWATER</b>	85	Zip Code <b>FL 34619</b>

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 1996	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRICE, DAVID</b>	1.2 NAME	<b>Debra Corbett, Debra</b>
STREET ADDRESS	<b>210 VINE AVE.</b>	1.3 STREET ADDRESS	<b>303 VINE AVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>clearwater FL 34615</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DUice Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRITT, LEE</b>	2.2 NAME	<b>DAVID LARSON, DAVID</b>
STREET ADDRESS	<b>302 YZ VINE AVE</b>	2.3 STREET ADDRESS	<b>311 VINE AVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>clearwater FL 34615</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINKE, DOROTHY</b>	3.2 NAME	
STREET ADDRESS	<b>311 VINE AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>900001872489</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-06/24/96--01020--005</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dorothy M. Heinke (913) 4-15-96 461-1684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)