

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 06/22/1996
4. FEI Number 59-3218131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 311 VINE AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 CLEARWATER	27 City & State 28 FLORIDA
24 Zip 33755	25 Country 26 U. S. A.
29 Zip 30	Country

9. Name and Address of Current Registered Agent

**TANKEL, ROBERT L
C/O TEW, ZINOBER, BARNES, ZIMMET & UNICE
2655 MC CORMICK DR PRESTIGE PROF. PARK
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GRICE, DAVID	
STREET ADDRESS	210 VINE AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CORBETT, DEBRA	
STREET ADDRESS	303 VINE AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HEINKE, DOROTHY	
STREET ADDRESS	311 VINE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, DAVE	
STREET ADDRESS	311 VINE AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	LARSON, DAVID R.	
1.3 STREET ADDRESS	311 VINE AVE	
1.4 CITY-ST-ZIP	CLEARWATER FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	DS	
2.2 NAME	GRATHAM, DANIEL	
2.3 STREET ADDRESS	207 VINE AVE./ CLEARWATER FL 33755	
2.4 CITY-ST-ZIP		
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HEJNAR, SHIRLEY	
3.3 STREET ADDRESS	908 PLAZA ST.	
3.4 CITY-ST-ZIP	CLEARWATER FL 33755	
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 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: *DOROTHY HEINKE* (813) work 799-1829

CR2E037 (4/97)