

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000005328 (7)

1. Corporation Name

CITRUS OAKS EXECUTIVE CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

24945 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34623

24945 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34623-3827

3. Date Incorporated or Qualified

10/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANKEL, ROBERT L ESQ
2655 MCCORMICK DRIVE
CLEARWATER FL 34619

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME BARANOWSKI, JEROME
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

1.1 TITLE Change Addition

TITLE VD DELETE

NAME APPENZELLER, KEITH
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

2.1 TITLE Change Addition

TITLE STD DELETE

NAME SCHMIDT, MICHELLE
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

2.2 NAME

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 (813) 791-1441

Date

Daytime Phone # 0067637

CR2E037 (9/96)