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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01296** (5)

1. Corporation Name

C.A.V. HOMEOWNERS COOPERATIVE, INC.



Principal Place of Business 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540	Mailing Address 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540-6471
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/03/1984		3a. Date of Last Report 04/03/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2515418		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		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 HORTON, VIGIL 6231 QUALITY LN ZEPHYRHILLS FL 33540				10. Name and Address of New Registered Agent 81 Name Jorgensen, Stewart 82 Street Address (P.O. Box Number is Not Acceptable) 39240 Nanian Dr. 83 84 City Zephyrhills, FL 85 Zip Code 33540			
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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 *Stewart Jorgensen* **Stewart Jorgensen-Pres.** DATE **4/11/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, VIGIL			1.2 NAME	Jorgensen, Stewart		
STREET ADDRESS	6231 QUALITY LN			1.3 STREET ADDRESS	39240 Nanian Dr.		
CITY-ST-ZIP	ZEPHYRHILLS FL			1.4 CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUDREAU, FRANK			2.2 NAME	Pape, Henry		
STREET ADDRESS	39331 NANIAN DR			2.3 STREET ADDRESS	6320 Friendship Ln.		
CITY-ST-ZIP	ZEPHYRHILLS FL			2.4 CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTONE, LEELAND			3.2 NAME			
STREET ADDRESS	6231 BALMY LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAGEL, THENA			4.2 NAME			
STREET ADDRESS	6340 BALMY LN			4.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPE, HENRY			5.2 NAME	Boudreau, Frank		
STREET ADDRESS	6320 FRIENDSHIP LN			5.3 STREET ADDRESS	39331 Nanian Dr.		
CITY-ST-ZIP	ZEPHYRHILLS FL			5.4 CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NANIAN, MARTIN			6.2 NAME	Reed, Elin		
STREET ADDRESS	6311 WEALTHY LN			6.3 STREET ADDRESS	39329 Recess Dr.		
CITY-ST-ZIP	ZEPHYRHILLS FL			6.4 CITY-ST-ZIP	Zephyrhills, FL 33540		

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 in an attachment with an address.

SIGNATURE *Stewart Jorgensen*

CR2E037 (9/96)