

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 700060 (7)
1. Corporation Name
DAETWYLER SHORES ASSOCIATION INC

Principal Place of Business Mailing Address
3333 FLOWERTREE ROAD BELLE ISLE FL 32812-4819 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 County 25 Zip 28 Country 29

9. Name and Address of Current Registered Agent
**TRIMBLE, JO
3404 FLOWERTREE ROAD
BELLE ISLE FL 32812**

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
RECEIVED BY MAY 1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1959** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2418786** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------|
| TITLE | P |
| NAME | TRIMBLE, JO |
| STREET ADDRESS | 3404 FLOWERTREE ROAD |
| CITY - ST - ZIP | BELLE ISLE FL |
| TITLE | VP |
| NAME | NEMINEM, LEE |
| STREET ADDRESS | 3007 TRENTWOOD BLVD |
| CITY - ST - ZIP | BELLE ISLE FL |
| TITLE | VP |
| NAME | REILLY, PAULA |
| STREET ADDRESS | 2818 FLOWERTREE RD |
| CITY - ST - ZIP | BELLE ISLE FL |
| TITLE | S |
| NAME | CLEMENS, SCOTT |
| STREET ADDRESS | 2817 FLOWERTREE ROAD |
| CITY - ST - ZIP | BELLE ISLE FL |
| TITLE | T |
| NAME | LANCE, BOBBY |
| STREET ADDRESS | 3333 FLOWERTREE ROAD |
| CITY - ST - ZIP | BELLE ISLE FL |
| TITLE | D |
| NAME | LAMPP, ALVIN |
| STREET ADDRESS | 3401 TRENTWOOD BLVD |
| CITY - ST - ZIP | BELLE ISLE FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Trimble, JO |
| 1.3 STREET ADDRESS | 3404 Flower tree Rd. |
| 1.4 CITY - ST - ZIP | Belle, Isle Fl. 32812-4819 |
| 2.1 TITLE | V P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Kay Schmidt |
| 2.3 STREET ADDRESS | 3406 Flower tree Rd. |
| 2.4 CITY - ST - ZIP | Belle, Isle, Fl. 32812-4819 |
| 3.1 TITLE | V P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Scott Clements |
| 3.3 STREET ADDRESS | 2817 Flower tree Rd. |
| 3.4 CITY - ST - ZIP | Belle, Isle Fl. 32812-4819 |
| 4.1 TITLE | S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Paula Reilly |
| 4.3 STREET ADDRESS | 2818 Flower tree Rd. |
| 4.4 CITY - ST - ZIP | Belle, Isle Fl. 32812-4819 |
| 5.1 TITLE | T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Lance Bobby |
| 5.3 STREET ADDRESS | 3333 Flower tree Rd. |
| 5.4 CITY - ST - ZIP | Belle, Isle Fl. 32812-4819 |
| 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Lee Naminem |
| 6.3 STREET ADDRESS | 3007 Trentwood Blvd. |
| 6.4 CITY - ST - ZIP | Belle, Isle Fl. 32812-4819 |

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: Bobby Lance TD 4-14-95 407-855-8616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number