FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

707587

(2)

ARDSLEY MANOR - RADCLYFFE TERRACE ASSOCIATION, I NC.

Principal Place of Business

Mailing Address



	CLYFFEE RD FL 32804			330 RADCLYFFEE RD DRLANDO FL 32804								
									3. Date Incorporated or Qualified 07/14/1964	3a. Date of La 05/30	st Report)/1995	
2. Principa	Place of Busin	ess		Mailing Address					4. FEI Number		Applied For	
21			26	·					70-7587581		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 7 7 7	75 Additional e Required	
City & S 23				City & State					Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country 25						Florida Statutes 🔲 Yes 🔏 No				s. 199.032,	
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
						81	Name	3				
SNOWDEN, DEBORAH C 2601 ARDSLEY DR						82	Stree	treet Address (P.O. Box Number is Not Acceptable)				
ORL/	NDO FL 328			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.											s registered office red agent. I am	
SIGNATURE												
						Registered Agent signature require 13.		required v	ed when reinstating! DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	P	OFFICENS AND	DINEC	DELETE 1.1 TO				1	ADDITIONS/GRANGES TO OFFIC	Chang		
NAME	1 '	DEN, DEBORAH C		—		.2 NAME						
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CITY-ST-ZIP	ORLAN					4 CITY - S						
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NAME	LARSE	n, risa c			2.	.2 NAME						
STREET ADDRE				238			ADDRESS	:				
CITY-ST-ZIP	ORLAN	DO FL					ST-ZIP					
TITLE	ST			DELETE	3.	.1 THTLE				Chang	e 🔲 Addition	
NAME		ier, matthew			3.	2 NAME						
STREET ADORE		ADCLYFFE RD					ADDRESS	· [
CITY-ST-ZIP	ORLAN	DO FL		Doctore	_	.4. C(TY-)	ST-ZIP				o Addition	
TITLE	D	DEN IAMEO		DELETE		.1 THTLE				☐ Chang	je 🔲 Addition	
NAME STREET ADDRE	I	DEN, JAMES RDSLEY AVE				. 2 NAME	ADDRESS					
	ORLAN							'				
CITY-ST-ZIP TITLE	D	IVV I L		DELETE		.4 CITY - S .1 TITLE	SI-ZIP	+		Chang	je 🗖 Addition	
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STREET ADORE	محتا	UAILEY AVE			1		ADDRESS					
CITY-ST-ZIP	ORLAN					.4 CITY-S						
TITLE	D	- <u>,</u> - · - .		DELETE	_	1 TITLE		1		Chang	je 🔲 Addition	
NAME	WOOL	F, HERSCHEL			6	2 NAME						
STREET ADDRE	I	ASSAR			6	3 STREET	ADDRESS	:				
CITY - ST - ZIP	ORLAN				6	4 CITY - S	ST-ZIP				ļ	
14 Ldo bo		the information supplied u	rith thin !	filing in valuatorily furnic				vality for	r the everyotion stated in Section 110.0	2/01/le) Electede Ote	tutos Liturthor	

I now hereby dering that the information supplied with this filing is voluntarily turnished 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 suppliemental 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. I further 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. I further 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. I further 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. I further 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. I further 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. I further oath; the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/95 423-957