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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 713685 (6)
1. Corporation Name
CLAYTON PLAZA MERCHANTS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 470
BRANDON FL 33509-0470**

Mailing Address
**P.O. BOX 470
BRANDON FL 33509-0470**

3. Date Incorporated or Qualified
11/22/1967

3a. Date of Last Report
03/29/1996

2. Principal Place of Business
Center Clayton Plaza Shopping

2a. Mailing Address
Center Clayton Plaza Shopping

4. FEI Number
59-3023167

Applied For
☐ Not Applicable

22. Suite, Apt. #, etc.
Brandon, FL

27. Suite, Apt. #, etc.
Brandon, FL

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

23. City & State
Brandon, FL

28. City & State
Brandon, FL

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

24. Zip
33509

25. Country
Hillsborough

29. Zip
33509

30. Country
Hillsborough

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

9. Name and Address of Current Registered Agent
**JOHN SAVKO
503 W BRANDON BLVD
BRANDON FL 33511**

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 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 ☐ DELETE

NAME **D RIEUSCHE, NANCY**

STREET ADDRESS **559 W. BRANDON BLVD.**

CITY-ST-ZIP **BRANDON, FL 00000**

TITLE ☐ DELETE

NAME **VP SCHURR, NORMA**

STREET ADDRESS **509 W. BRANDON BLVD.**

CITY-ST-ZIP **BRANDON, FL 00000**

TITLE ☐ DELETE

NAME **PD SAVKO, JOHN**

STREET ADDRESS **503 W BRANDON BLVD**

CITY-ST-ZIP **BRANDON, FL 00000**

TITLE ☐ DELETE

NAME **D STRUMPF, BRUCE F**

STREET ADDRESS **2400 W BAY DR STE 422**

CITY-ST-ZIP **LARGO, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: _____ **2-24-97 813-681-4631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # **0045318**

CR2E037 (9/96)