

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714587 (3)
1. Corporation Name
CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC.



Principal Place of Business
**2122 SE 10TH PLACE
CAPE CORAL FL 33990**

Mailing Address
**2122 SE 10TH PLACE
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified **05/14/1968** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7229224		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**FLOODY, HARRY
2122 SE 10TH PLACE
CAPE CORAL FL 33990**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOODY, HARRY			1.2 NAME	WOJNAR, EDWARD		
STREET ADDRESS	2122 SE 10TH PLACE			1.3 STREET ADDRESS	5642 RIVERSIDE DRIVE		
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLLOFF, PAUL			2.2 NAME	SURICO, JOSEPH C.		
STREET ADDRESS	2059 SE 27 TERRACE			2.3 STREET ADDRESS	1415 SW 32ND LANE		
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDFORD, EDWARD E.			3.2 NAME	JENISTA, GEORGE B.		
STREET ADDRESS	603 SW 52ND STREET			3.3 STREET ADDRESS	1910 S.E. 37TH STREET		
CITY-ST-ZIP	CAPE CORAL FL			3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNER, JAMES M.			4.2 NAME	POWELL, HARRY K.		
STREET ADDRESS	5103 CALUSA CT.			4.3 STREET ADDRESS	1922 SE 45TH STREET		
CITY-ST-ZIP	CAPE CORAL FL			4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARVEY, CLINTON D.			5.2 NAME	FLOODY, HARRY		
STREET ADDRESS	716 SE 44TH ST.			5.3 STREET ADDRESS	2122 SE 10TH PLACE		
CITY-ST-ZIP	CAPE CORAL FL			5.4 CITY-ST-ZIP	CAPE CORAL, FL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICH, CLANCY			6.2 NAME			
STREET ADDRESS	5246 TIFFANY CT.			6.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			6.4 CITY-ST-ZIP			

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:

George B. Jenista
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE B. JENISTA 3/14/96

Date

Deadline Proper #

CR2E037 (12/95)