

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 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 # **714587** (3)
1. Corporation Name
CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC.



Principal Place of Business 2122 SE 10TH PLACE CAPE CORAL FL 33900	Mailing Address 2122 SE 10TH PLACE CAPE CORAL FL 33900-4602
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2. Principal Place of Business 21 5642 RIVERSIDE DR Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 0508 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/14/1968	3a. Date of Last Report 03/20/1996
City & State 23 CAPE CORAL		City & State 28 CAPE CORAL		4. FEI Number 23-7229224	Applied For Not Applicable
Zip 24 33904	Country 25 LEE	Zip 29 33910	Country 30 LEE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLOODY, HARRY 2122 SE 10TH PLACE CAPE CORAL FL 33900				10. Name and Address of New Registered Agent 81 Name WOJNAR, EDWARD 82 Street Address (P.O. Box Number is Not Acceptable) 83 5642 RIVERSIDE DR 84 City CAPE CORAL FL 85 Zip Code 33904	
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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 George B. Jenista for E. WOJNAR GEORGE B. JENISTA -10-97
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering) SEC 9 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WOJNAR, EDWARD		1.2 NAME				
STREET ADDRESS	5642 RIVERSIDE DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SURICO, JOSEPH		2.2 NAME				
STREET ADDRESS	1415 SW 52ND LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JENISTA, GEORGE B.		3.2 NAME				
STREET ADDRESS	1910 SE 37TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POWELL, HARRY K.		4.2 NAME				
STREET ADDRESS	1922 SE 45TH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FLOODY, HARRY		5.2 NAME	D FREENY, ROBERT M			
STREET ADDRESS	2122 SE 10TH PLACE		5.3 STREET ADDRESS	902 SW 48TH TERRACE #204			
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33914			
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 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.

CR2E037 (9/96)