

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 # **723362** (0)  
1. Corporation Name  
**POLITICALLY ACTIVE PROPERTY OWNERS, INC**



Principal Place of Business  
**SEAFARER VILLAGE  
1113 ESTERO BLVD  
FT. MYERS BEACH FL 33931  
US**

Mailing Address  
**SEAFARER VILLAGE  
1113 ESTERO BLVD  
FT. MYERS FL 33931  
US**

3. Date Incorporated or Qualified **05/08/1972** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1837587** 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**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

**RICHARDS, ROSEMARY  
300 SEMINOLE WAY  
FT. MYERS BEACH FL 33931**

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

TITLE	PD	MYERS, TOM	<input type="checkbox"/> DELETE
NAME		21461 EIDGEON TERRACE	
STREET ADDRESS		FT. MYERS BEACH FL	
CITY-ST-ZIP			
TITLE	VD	ROBERTS, FAYE	<input type="checkbox"/> DELETE
NAME		398 KEENAN AVE	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE	SD	RICHARDS ROSEMARY	<input checked="" type="checkbox"/> DELETE
NAME		300 SEMINOLE WAY	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE	T	CHAPIN, BARBARA D	<input checked="" type="checkbox"/> DELETE
NAME		11499 ANDU ROSSE LANE	
STREET ADDRESS		CAPITVA FL	
CITY-ST-ZIP			
TITLE	D	ALSOP, ANN F	<input type="checkbox"/> DELETE
NAME		17421 DEVORE LANE	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TREASURER/DIRECTOR/SECRETARY
5.3 STREET ADDRESS	ANN ALSOP
5.4 CITY-ST-ZIP	17421 DEVORE LANE FT MYERS, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Thomas F Myers* THOMAS F MYERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96  
Date

941 463 1113  
Daytime Phone #

CR2E037 (12/95)