FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:39

DOCUMENT # **725814** **(8)**

1. Corporation Name

SMUGGLERS COVE PROPERTY OWNERS'ASSOCIATION,INCOR PORATED

Principal Place of Business	Mailing Address
P.O. BOX 3794 VERO BEACH FL 32963	P.O. BOX 3794 VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1973
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1513320 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

STEWART, WILLIAM J.
3355 OCEAN DRIVE
VERO BEACH FL 32963

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT GESTRICH	1.2 NAME		
STREET ADDRESS	1561 SMUGGLERS COVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	PAM, HUFF	2.2 NAME	BETTY BROZOWSKI	
STREET ADDRESS	1545 SMUGGLERS COVE	2.3 STREET ADDRESS	1520 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BCH., FL 00000 FL	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	D	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	JOHNSON, JIM	3.2 NAME	JOHNSON, JIM	
STREET ADDRESS	1585 SMUGGLERS COVE	3.3 STREET ADDRESS	1585 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BCH., FL 00000 32693	3.4 CITY-ST-ZIP	VERO BEACH FL. 32963	
TITLE	S	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LISAK, RONALD	4.2 NAME	RONALD LISAK	
STREET ADDRESS	1526 SMUGGLERS COVE	4.3 STREET ADDRESS	1526 SMUGGLERS AVE	
CITY-ST-ZIP	VERO BEACH,FL 32963	4.4 CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	D	5.1 TITLE	SECOND V.P.	☐ Change ☒ Addition
NAME	JON MCLAUGHLIN	5.2 NAME	HANK DOERFLER	
STREET ADDRESS	1545 SMUGGLERS COVE	5.3 STREET ADDRESS	1571 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BCH., FL 00000	5.4 CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	TD	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	ENNA SIGLERR	6.2 NAME	ROY GARRISON	
STREET ADDRESS	1520 SMUGGLERS COVE	6.3 STREET ADDRESS	1541 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BCH, FL 00000 32963	6.4 CITY-ST-ZIP	VERO BEACH, FL. 32963	

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)(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: X _____ TREAS. 8/30/95 407-231-5214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #