

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725814 (8)

1. Corporation Name
SMUGGLERS COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED



Principal Place of Business P.O. BOX 3794 VERO BEACH FL 32963	Mailing Address P.O. BOX 3794 VERO BEACH FL 32963
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/14/1973	3a. Date of Last Report 04/05/1995
4. FEI Number 59-1513320		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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					

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	
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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
 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 NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERT GESTRICH 1561 SMUGGLERS COVE VERO BEACH, FL 32963	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Enna Sigler 1560 Smugglers Cove VERO Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROZOWSKI, BETTY 1520 SMUGGLERS COVE VERO BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, JIM 1585 SMUGGLERS COVE VERO BCH., FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP John Tomasetti 1480 Smugglers Cove VERO Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LISAK, RONALD 1526 SMUGGLERS COVE VERO BEACH, FL 32963	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D Robert Gestrich 1561 Smugglers Cove VERO Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DOREMUS, HANK 1571 SMUGGLERS COVE VERO BCH., FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	SVP James Johnson 1565 Smugglers Cove VERO Beech, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARRISON, REY 1541 SMUGGLERS COVE VERO BEACH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	T Carolyn Garrison 1541 Smugglers Cove 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)(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: *Carolyn V. Garrison* **3-7-96** **407-234-5284**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)