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FILED
Mar 17 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 # **725814** (8)

1. Corporation Name

SMUGGLERS COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 3794
VERO BEACH FL 32963

P.O. BOX 3794
VERO BEACH FL 32963



3. Date Incorporated or Qualified
03/14/1973

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SIGLER, ENNA**
STREET ADDRESS **1560 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **BROZOWSKI, BETTY**
STREET ADDRESS **1520 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BEACH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SECRETARY**
2.3 STREET ADDRESS **CAROL CHIAVERINI**
2.4 CITY-ST-ZIP **1476 SMUGGLERS COVE**
VERO BEACH FL 32963

TITLE **VP** ☒ DELETE
NAME **TOMASETTI, JOHN**
STREET ADDRESS **1480 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BCH., FL 00000**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PAT TOMASETTI**
3.3 STREET ADDRESS **1480 SMUGGLERS COVE**
3.4 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☒ DELETE
NAME **GESTRICH, ROBERT**
STREET ADDRESS **1561 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DIRECTOR**
4.3 STREET ADDRESS **JAMES JOHNSON**
4.4 CITY-ST-ZIP **1585 SMUGGLERS COVE**
VERO BEACH FL 32963

TITLE **VP** ☒ DELETE
NAME **JOHNSON, JAMES**
STREET ADDRESS **1565 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BCH., FL 00000**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **20 V.P.**
5.3 STREET ADDRESS **SIG GESTRICH**
5.4 CITY-ST-ZIP **1561 SMUGGLERS COVE**
VERO BEACH FL 32963

TITLE **T** ☐ DELETE
NAME **GARRISON, CAROLYN**
STREET ADDRESS **1541 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BEACH FL**

6.1 TITLE ☐ Change ☐ 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 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 *[Signature]*

3/1/97

861-234-5284

CR2E037 (9/96)