## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

	F	ILED	)
May	16	1997	8:00am
Sec	cret	ary of	State

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	Wyatt (			asota,				
Sarası	ola, ri	34241	Sai	asuta,	F L. J.	1241	3. Date Incorporated or Qualified	3a. Date of Last Report
							01/27/1975	02/27/1996
2. Principa	I Place of Bus	าตรร	2a. Maitin	g Address			4. FEI Number	Applied For
21		26	26			-	X Not Applicable	
	Suite. Apt. #, etc		Suite.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22			27				U DOMINOGO OI DIGGO DOGGO	Fee Required
City & St	tate			State			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip		Country	28 Zip		Countr	······································	Trust Fund Contribution     In this corporation has liability for intalliance.	J Added to Fees
24		25	29		30	•	Florida Statutes	
	9. Name	and Address of Cu		lgent	1221		10. Name and Address of New Regis	tered Agent
Comdor	minium	Managemei	nt , Inc.		81	Name	Roger W. Cook	
1801 0	Glengai	ry Street			82	Street Add	dress (P.O. Box Number is Not Acceptable)	<u> </u>
Saraso	ota, Fl	34241			 		4119 Wyatt Circle	
					83	1		
		,			84	City	Sarasota	85 Zip Code
ostitui Disconsi	have the same		0500 000 617 1500	O Florida Otat	too the one	2 22 22 22 22	·	FL   34241
office o	or registered a	opht, or both, in the	State of Florida. Suc	ch change was	authorized b	y the corpor	rporation submits this statement for the purp ation's board of directors. I hereby accept the	ne appointment as registered
		filth, and are entitle	surgations of Section	on 617.0503, F	lorida Statute	<b>S</b> .	4-0	0.01
SIGNATUR	F Signature by to	d or printed name of ryusten	ed agent and life if applica	tile (NO	TE: Registered Ag	ent signature req	uired when reinstating)	DATE
12.			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	₽.Q	NAME 15		DELETE	1.1 TITLE		PD	Change Addition
NAME	5ylvia .: 44351	Norris Drypen	Circle		1.2 NAME		Roger W. Cook	
STREET ADDRES	19 1 1 2						4119 Wyatt_Circle	
CHY-ST ZIP	NAD O H K	asota, F	1,84241	DELETE	1.4 CITY-	ST-ZIP	<u>Sarasota, FL 34241</u>	Change Addition
TITLE	07.	سمان ه الم			2 1 TITLE 22 NAME		v <b>u</b> Ira Green	C) Change C) Audition
STREET ADDRES	200	Heiden 4261 Chi	ariug CR	USS RN	2.3 CLDER			000
CITY - STZIP	SARI	asota, F	1 3424		2 4 CITY	ST. 7IP	4705 Thomas Hoby Pl Sarasota, Fl. 34241	ace
TITLE	ร้อ	<del></del>		DELETE	31 TITLE		Sarasota, FL <b>3</b> 4241 SD	Change Addition
NAME	Talia	LURZ			3 2 NAME	1.5	Noel Belcourt	
STRELT ADURES	\$ 4068	SOUTHU	EU WAY		3 3 STREE		4270 Marlowe Dr.	
CHY-ST ZIP	SARR	asota, f	L 34241		3 4. CITY	ST-ZIP	Sarasota, FL 34241	
TITLE	D.	· Bon	1150	<b>◯</b> DELETE	4 1 TITLE		TB	Change Addition
NAME	MARI	DY ACTOR	HER REE BLVD		4. 2 NAME	1	Marie Dougan	
STREET ADDRES		- Caracara		,		T ADORESS	4661 Alexander Pope Sarasota, FL 34241	Lane
CHY-ST-ZIP		sota, Fo	1 34241	X DELETE	4.4 CITY-	ST-ZIP	Sarasota, FL 34241	X Change Addition
T TEF NAME	DT	GE mille	e	PR DEFEIE	5.1 TITLE 5.2 NAME		ט William Schellentra	116 <b>6</b> 1 — (11
STREET ADDRES	1100	1 11.506	west Mr.			T ADDRESS	4502 Charing Cross	Rd. W.W.
City-St-ZiP	SAL	ASOTA E	1 3424	1	5.4 CiTY-		Sarasota, FL 34241	····
TITLE	AS	ASOTA, F	<u> </u>	Z DELETE	6.1 TITLE	51 * <b>L</b> IF	Juliusota   1 Julius	Change Addition
NAME	P. KIC	HARD CLA	KK		6.2 NAME			: E : S C ·
STREET ADDRES	ss 1801 C	SIENGARY	51			T ADDRESS	600002195 -05/30/9701004	コンごし !n24
CITY-ST-ZIP	SAR	ASOTA, F	2 342.	31	6.4 CITY-			T UAT
<b>14.</b> I do he	reby certify th	at the information sur					ed in Section 119.07(3)(i), Florida Statutes.	further certify that the

i. 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 is ruped in the 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 configuration 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 in changed of on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER W. COOK

29-4-91 941-921-2595