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AND
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95 APR 18 PM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 746349 (0)

1. Corporation Name
THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

**925 MACCO RD
COCOA FL 32927** **925 MACCO RD
COCOA FL 32927**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/20/1979 **04/29/1994**

4. FEI Number Applied For
59-2011299 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

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip County Zip County

24 25 29 30

9. Name and Address of Current Registered Agent

**MILLER, DONALD E.
920 MACCO ROAD
COCOA FL 32927**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISOWSKI, KAZIMIERZ	1.2 NAME	
STREET ADDRESS	208 MANTH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWES, RUTH	2.2 NAME	
STREET ADDRESS	912 MACCO RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, SUZANNE	3.2 NAME	
STREET ADDRESS	840 EYERLY ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, EVELYN	4.2 NAME	
STREET ADDRESS	995 TOPE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY MORRIS	5.2 NAME	D KENNETH FOLEY FOLEY, KENNETH
STREET ADDRESS	215 MANTH AVENUE	5.3 STREET ADDRESS	261 MANTH AVE
CITY - ST - ZIP	COCOA FL	5.4 CITY - ST - ZIP	COCOA, FL
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTZ, STEVE	6.2 NAME	
STREET ADDRESS	229 MANTH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA, FL 00000	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 110.07(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: *x Ruth Dawes* **4-12-95** **407** **6:32-6:58**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #