

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: **925 MACCO RD COCOA FL 32927**  
Mailing Address: **925 MACCO RD COCOA FL 32927**

3. Date Incorporated or Qualified: **03/20/1979**  
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2011299</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28		
Zip	Country	24	25
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CISOWSKI, KAZIMIERZ</b>	1.2 NAME	
STREET ADDRESS	<b>206 MANTH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWES, RUTH</b>	2.2 NAME	
STREET ADDRESS	<b>912 MACCO RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBISON, SUZANNE</b>	3.2 NAME	
STREET ADDRESS	<b>940 EYERLY ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTT, EVELYN</b>	4.2 NAME	<b>LOCUSON, BELINDA</b>
STREET ADDRESS	<b>995 TOPE ST.</b>	4.3 STREET ADDRESS	<b>995 TOPE ST</b>
CITY-ST-ZIP	<b>COCOA FL</b>	4.4 CITY-ST-ZIP	<b>COCOA FL 32927</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOLEY, KENNETH</b>	5.2 NAME	<b>HARDBE, JOAN</b>
STREET ADDRESS	<b>261 MANTH AVE</b>	5.3 STREET ADDRESS	<b>5400 FAY BLVD</b>
CITY-ST-ZIP	<b>COCOA FL</b>	5.4 CITY-ST-ZIP	<b>COCOA FL 32927</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTZ, STEVE</b>	6.2 NAME	
STREET ADDRESS	<b>229 MANTH AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA, FL 00000</b>	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 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 or on an attachment with an address.

SIGNATURE: Ruth Dawes **PRES. RUTH DAWES** **4/26/96** **(407) 632-6158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)