	FILE N	OW: FILIN	NG FEE IS \$6	1.25				
CC	NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCU	JMENT #	748048	(6)					
1. Corporat		TV OWNEDO						
India	TINES THOPE	III OMMENS A	ASSOCIATION, INC.			# 188483 38014 BJ01	  }   <b>   </b>	ill Flålt Jilli Bidli Bidli Bidli Bidli avali engl
Principal Place of Business Mailing Address					· . <u> </u>			
6241 CYPRESS HOLLOW WAY NAPLES FL 33942 US			6241 CYPRESS HOLLOW WAY NAPLES FL 33942 US					a.au a.au a.au a.au a.au a.au a.au
2. Principal	Place of Business					3. Date Incorporated 07/11/1979	or Qualified	3a. Date of Last Report 07/19/1995
21 58	O) Curres	2 Hollowly	2a. Mailing Address 26 Samu			4. FEI Number 59-276103	6	Applied For
Suite, Ap	t. #, etc.	7	Suite, Apt. #, etc.			5. Certificate of Statu		Not Applicable \$8.75 Additional
City & Sta	ides FL		City & State	<del></del>		6. Election Campaign		Fee Required
Zip	Co	untry	<b>28</b> Zip	Country		Trust Fund Contrib	ution	S5.00 May Be Added to Fees
24 33	9 Name and A	Collier	29	30		Florida Statutes		ngible tax under s. 199.032, Yes  No
5. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
SMITH, DENISE Manahan								ahan
6241 CYPRESS HOLLOW WAY NAPLES 33942  82 Street Address (F						Con Diess	Acceptable)	ow way
	3 332 1.2							
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's by						عماد		FL 85 Zip Code
or registe familiar w	ered agent, or both, in with, and accept the ob-	the State of Florida. t ligations of Section I	3 617.1508, Florida Statutes Such change was authorized 317.0503, Florida Statutos	i, the above-named if by the corporation'	corporations s board o	n submits this statement f directors. I hereby acc	it for the purposept the appointr	e of changing its registered office ment as registered agent. I am
SIGNATURE Marchan								4/0/41
12.	Signature typed or printed n	of registered agent and the OFFICERS AND DI	ine it applicable (NOTE	Registered Agent signature	required whi			VATE / 16
TITLE	PD PANE POLICE		DELETE	11 TITLE	1915		ES TO OFFICER	RS AND DIRECTORS IN 12  Change
NAME Street address	DANE, DOUGL 6240 CYPRESS		•	1.2 NAME		ien brack,	Barbar	ra Manifer Nagilion
CITY-ST-ZIP	NAPLES FL	HOLLOW HAT		1.3 STREET ADDRESS		o Cypress	Hollow	Way
TITLE	VP		DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	VP	spluso, Er	3394	
NAME	HAFENBRACK,	BARBARA		2.2 NAME	الأدوا	gar, Cal		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	5900 CYPRESS NAPLES FL	HULLOW WAY		2.3 STREET ADDRESS	610	1 CAPLES LX	then be	2m
TITLE	D		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		olos, FC	3394=	
NAME	FRANKEL, CRAI	G	Eq.	3 2 NAME	5D	uka Taa		☐ Change ☐ Addition
STREET ADORESS	5630 CYPRESS	HOLLOW WAY		3.3 STREET ADDRESS	589	o Cypress	,4th , Y Hollow	WALL TO A
CITY-ST-ZIP TITLE	NAPLES FL TD		DELETE	3 4. CITY-ST-ZIP	7 342	pbs or FC	339	
NAME	SEITZ, GRACE		Whereie	4.1 TITLE	TD	Notable SV		Change Addition
STREET ADDRESS	6150 CYPRESS	HOLLOW WAY		4. 2 NAME 4.3 STREET ADDRESS		A	ranahan to llow h	maribeth !
CITY-ST-ZIP TITLE	NAPLES FL D			4.4 CITY-ST-ZIP	Na	bles FL	3394:	Jun -
NAME	HORN, MORRIS		DELETE	5.1 TITLE	50			Change Addition
STREET ADDRESS	6261 WAXMYRT	LE WAY		5.2 NAME 5.3 STREET ADDRESS	Add	ems, Gan	.1 .	• ,
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP	4/3	ples, FC	Me W	ay
TITLE NAME			DELETE	6.1 TITLE	<del>  </del>	LC LC		Change Addition
STREET ADDRESS			,	6.2 NAME				
CITY-ST-ZIP				6.3 STREET ADDRESS	}			

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*Date\*\*

\*\*Date

(941) 592-5179