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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

748804

(2)

SPRING HILL MANOR CONDOMINIUM ASSOCIATION, INC.

| 5. | | | | | ! | | |
|---|---|--|-----------------------|--------------------|--|---|-----------|
| Principal Place | of Business | Malling Address | | | | | |
| 11201 PEPPERTREE LANE PORT RICHEY FL 34868 | | 11201 PEPPERTREE LANE PORT RICHEY FL 34688-2424 | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1996 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | | 4. FEI Number APPLICABLE Applied For Not Applicable | \exists |
| 21 Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | <u></u> | £0.75 · · · · · | 븨 |
| 22 | | 27 | | | | 5. Certificate of Status Desired | |
| City & State | | City & State | | | ······································ | 6. Election Campaign Financing \$5.00 May Be | ٦ |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip Country | | Zip Country | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 24 | 25 29 9. Name and Address of Current Registered Agent | | 30 | | | 10. Name and Address of New Registered Agent | \dashv |
| | | | | В1 | Name | | ٦ |
| ROTHSC | HILD, SAM | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | \dashv |
| | EPPERTREE LANE | | | | | | 4 |
| PORT RI | CHEY FL 34668 | | | 63 | | | |
| | | | | B4 | City | FL 85 Zip Code | 7 |
| 11. Pursuant to | o the provisions of Sections 617.0502 | and 617 1508. Florida Statu | les, the a | bove | -named col | rooration submits this statement for the purpose of changing its registered | <u>-</u> |
| office or re | egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida. Such change was | authorize | d by | the corpora | ation's board of directors. I hereby accept the appointment as registered | |
| Ü | Training with and accept the deligat | 10113 01, 0000011 017.0300, 11 | Onda Ola | 10105 | • | | |
| SIGNATURE _ | Signature, typed or printed harne of registered agent | and tile if applicable (NO | E Registere | d Ager | nt signature requ | uired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | STD DATED | ☐ DELETE | 1.1 Ti | | • | Change Additio | ^ |
| NAME | ROTHSCHILD, DAVID 11201 PEPPERTREE LANE | | 1.2 N | | 4 DODECC | | |
| STREET ADDRESS CITY-ST-ZIP | PORT RICHEY FL | | | ince i / ITY-ST | ADDRESS | | |
| TITLE | VD | ☐ DELETE | 2.1 Ti | | 1-211 | ☐ Change ☐ Additio | n d |
| NAME | ROTHSCHILD, EVELYN | | 2.2 NAME | | | | |
| STREET ADDRESS | 11201 PEPPERTREE LANE | | 2.3 STRE | | ADDRESS | | |
| CHTY-ST-ZIP | PORT RICHEY FL | | 2.40 | ITY-S | T-ZIP | | Ц |
| TITLE | PD | ☐ DELETE | 3.1 Ti | | | Change Additio | ٩ |
| NAME | ROTHSCHILD, SAM 11201 PEPPERTREE LANE | | 3.2 NAME | | | | |
| STREET ADDRESS | PORT RICHEY FL | | | | ADDRESS | | |
| CITY-S1-ZIP TITLE | SD SD | DELETE | 3.4. C | ITY-S | 1-516 | Change Additio | |
| NAME | DAKERS, HELEN | | 4.21 | | | | |
| STREET ADDRESS | 1316 SYLVIA PT A | | | | ADDRESS | | |
| CITY-ST-ZIP | SPRINGHILL FL | | 4.4 C | ITY-\$1 | r- ZIP | | |
| TITLE | | DELETE | 5.1 Y | TLE | | Change Additio | n |
| NAME | | | 5.2 N | | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | DELETE | | TY-ST | r-ZiP | ☐ Change ☐ Additio | 닊 |
| TITLE | | F" DECEIF | 6.1 YITLE 6.2 NAME | | | | " |
| NAME STREET ADDRESS | | | | | ADDRESS . | | |
| CITY-ST-ZIP | | | | ince i i | | | |
| 14. I do hereb | | | ify for the | exer | nption state | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the | ᅦ |
| Lam an of | | he receiver or trustee empoy | vered to e | | | nat my signature shall have the same legal effect as if made under oath; the order as required by Chapter 617, Florida Statules; and that my name | at |

SIGNATURE: Sam Prills blild SAM ROTHS (HILD 2/19/97 813-862-2555