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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

753234

(4)

1. Corporation JOHNS	SON ARMS CONDOMINIU	M ASSOCIATION, INC.				T 1 TERRIT PRI DE BURGE HURA HARRE HUR 1 Territ Pri de Burge Hura Hura Harre Hura H	J áiri áir i f í	an an an an an an an an	180) 9:0((188)	
Principal Place	e of Business	Mailing Address								
420 & 424 JOH CAPE CANAVE	INSON AVE.	% CHERYL KEARNS 200 S. BANANA RIVER RD.				Date Incorporated or Qualified 3a. Date of Last Report				
						07/03/1980		07/02/19		
₁	ace of Businoss	2a. Mailing Address	TIELO James H Sago			4. FEI Number 59-2027894	Applied For			
Suite, Apt.	# etc	26 3 6 2 Zakev. Suite, Apt. #, etc.	تنف	5 4				\$8.75 A	t Applicable	
22		27			Certificate of Status Desired		Fee Re			
City & State	9	City & State			6. Election Campaign Financing		\$5.00			
23] Zip	Country	28 Orlando, F	Cour	tru		Trust Fund Contribution	L Interedible	Added t		
24	25	— — — — — — — — — — — — — — — — — — —	30	,		B. This corporation has liability for Florida Statutes	Yes		188.032,	
	9. Name and Address of Curr					10. Name and Address of New R	egistered /	lgent		
			ļ'	Name						
KERCHER, EDWARD J 305 MERIDAN DRIVE				32 Street	Addre	ess (P.O. Box Number is Not Accepta	ıble)			
STE. 2	TIDAN DRIVE		h	B3						
	FL 32931		1	84 City		······································		85 Zip (Code	
							FL			
office or re	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was a	uthorized	by the corp	corpo poratio	oration submits this statement for the on's board of directors. I hereby acce	purpose of opt the app	changing its pintment as	s registered registered	
SIGNATURE		····								
12.	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable. (NOTE NOTE)	Registered 13.	Agent signature	require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12	
TITLE	PD DELETE		_	1.1 TITLE		ADDITION OF A THREE TO OFF	102/10/11/2	☐ Change	Addition	
NAME	KERCHER, EDWARD J		1.2 NAI	AE .						
STREET ADDRESS	305 MERIDAN DRIVE		1.3 STF	EET ADDRESS						
CITY-ST-ZIP	COCOA BEACH FL	T December		Y-ST-ZIP				T 1 61	The same of	
TITLE	TD CHEOVI C	L_I DELETE	DELETE 2.1 TII					Change	Addition	
NAME STREET ADDRESS	KEARNS, CHERYL C 200 S. BANANA RIVER RD.	STE AUI	2.2 NAI	EET ADORESS						
CITY-ST-ZIP	COCOA BEACH FL 32931	(O(E: 001	B	Y-SY-ZIP						
TITLE	SD SD	DELETE	3.1 TIT				······································	Change	Addition	
NAME	SAPP, JAMES H		3.2 NAI	AE .						
STREET ADDRESS	362 LAKEVIEW STREET		3.3 STF	EET ADDRESS	l					
CITY - ST - ZIP	ORLANDO FL 32804		_	Y-ST-ZIP	<u> </u>	(t)		-		
TITLE		☐ DELETE	4.1 TIT					Change	Addition	
NAME			4. 2 NA							
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TiT	Y-ST-ZIP	 			Change	Addition	
NAME			5.2 NA]			and a suries	mas . women	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			4	Y-ST-ZIP	İ_					
TITLE	71	☐ DELETE	6.1 TIT			······································		☐ Change	Addition	
NAME			6.2 NA	ME	ļ					
STREET ADDRESS			6.3 STF	EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP	<u>L</u>	1- O11 140 -3-00/01 11- 2			W	
i am an ol	by certify that the information supply in indicated on this annual report of fficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee empower	ered to ex	exemption s courate and secute this	that i	in Section 119.07(3)(i), Florida Statut my signature shall have the same leg as required by Chapter 617, Florida	es. i furmei pai effect as Statules; a	certify that if made und nd that my n	trie der oath; that lame	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 407 740-7277

FILED

May 13 1997 8:00am

Secretary of State