

4-18-97 B4949 C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768007** (7)
1. Corporation Name
SOUTHERN COMFORT TENANTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
24479 US 19 N. LOT 331 CLEARWATER FL 34623 US	24479 US 19 N LOT 331 CLEARWATER FL 34623-4025 US

2. Principal Place of Business	2a. Mailing Address
21 24479 US 19 N	26 24479 US 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 LOT 214	27 LOT 214
City & State	City & State
23 CLEARWATER FL	28 CLEARWATER FL
Zip	Zip
24 34623	29 34623
Country	Country
25 PINELLAS	30 PINELLAS

3. Date Incorporated or Qualified 04/18/1983	3a. Date of Last Report 03/29/1996
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4. FEI Number 59-2400139	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**NORRIS, JO GLEASON
24479 U.S 19 N., LOT 1020
CLEARWATER FL 34623**

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 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 *Jo Gleason Norris* DATE **4/11/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	NEVITT, JOE
STREET ADDRESS	24479 US 19 N LOT 715
CITY-ST-ZIP	CLEARWATER FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FISHER, WARD
STREET ADDRESS	24479 US 19 N LOT 430
CITY-ST-ZIP	CLEARWATER FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WHEELER, FRED A
STREET ADDRESS	2479 U.S. 19 N., LOT 820
CITY-ST-ZIP	CLEARWATER FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	ESCOTT, CAROL
STREET ADDRESS	2045 US 19 N #331
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PALMETER, BRUCE
STREET ADDRESS	24479 U.S. 19 N., LOT 517
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KESSLER, RICHARD
STREET ADDRESS	2045 US 19 N #213
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FISHER WARD
1.3 STREET ADDRESS	24479 US 19 N LOT 430
1.4 CITY-ST-ZIP	CLEARWATER FL 34623
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURNBULL RALPH
2.3 STREET ADDRESS	24479 US 19 LOT 406
2.4 CITY-ST-ZIP	CLEARWATER FL 34623
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHEELER FRED A
3.3 STREET ADDRESS	24479 US 19 N LOT 820
3.4 CITY-ST-ZIP	CLEARWATER FL 34623
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORNEAULT ANITA
4.3 STREET ADDRESS	24479 US 19 N LOT 214
4.4 CITY-ST-ZIP	CLEARWATER FL 34623
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KESSLER RICHARD
6.3 STREET ADDRESS	24479 US 19 LOT 213
6.4 CITY-ST-ZIP	CLEARWATER FL 34623

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Anita Morneau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 **813-791-1581**
Date Daytime Phone # **0057538**

CR2E037 (9/96)