

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768250 (3)

1. Corporation Name

DANPORT CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 COLONIAL BLVD.
#102
FT. MYERS FL 33907
US

1500 COLONIAL BLVD.
APARTMENT 102
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1983	3a. Date of Last Report 04/27/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YORK, RONALD W.
1500 COLONIAL BLVD.
#102
FT. MYERS FL 33907**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY - ST - ZIP		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	V. Pres/Secretary / Dir ☒ Change ☐ Addition
NAME	STREET ADDRESS	22 NAME	YORK, RONALD W.
CITY - ST - ZIP		23 STREET ADDRESS	(Change of Title Only)
		24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	Treasurer/Director ☒ Change ☐ Addition
NAME	STREET ADDRESS	32 NAME	JOHNSON, INA L.
CITY - ST - ZIP		33 STREET ADDRESS	(Change of Title Only)
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	Delete: ☒ Change ☐ Addition
NAME	STREET ADDRESS	42 NAME	GALLOPS, MADELINE J.
CITY - ST - ZIP		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 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 if changed, or on an attachment with an address.

SIGNATURE:

Ronald W. York VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD W. YORK

13 APR 95 813-936-5556

Date

Telephone Number