

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # J17066 (8)  
1. Corporation Name:  
JETER STREET W I HOMEOWNERS ASSOCIATION INC.Principal Place of Business  
3301 ALTERNATE 19-LOT 122  
DUNEDIN FL 34698Mailing Address  
3301 ALTERNATE 19-LOT 122  
DUNEDIN FL 34698-1521

3. Date Incorporated or Qualified 06/02/1986	3a. Date of Last Report 02/20/1996
4. FEI Number 59-2687241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent RAYBURN, LAURA 1968 BAYSHORE BLVD. DUNEDIN FL 34698	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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVEY, CLIVE	1.2 NAME	
STREET ADDRESS	3301 ALTERNATE 19- 342	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, NORMA	2.2 NAME	LENARD, MARGARET
STREET ADDRESS	3301 ALTERNATE 19 - 128	2.3 STREET ADDRESS	3301 ALTERNATE 19 - #512
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESTERMAN, VERA	3.2 NAME	SARVER, SPENCER
STREET ADDRESS	3301 ALTERNATE 19 - 122	3.3 STREET ADDRESS	3301 ALTERNATE 19 - 510
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, HELEN	4.2 NAME	LEBLANC, NORMAN
STREET ADDRESS	3301 ALTERNATE 19-234	4.3 STREET ADDRESS	3301 ALTERNATE 19 - #317
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CODY, JOHN	5.2 NAME	PROUT, CHARLES
STREET ADDRESS	3301 ALTERNATE 19 - 447	5.3 STREET ADDRESS	3301 ALTERNATE 19 - #135
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMBARDI, JOSEPH	6.2 NAME	WALTERS, GEORGE
STREET ADDRESS	3301 ALTERNATE 19 - 401	6.3 STREET ADDRESS	3301 ALTERNATE 19 - #606
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vera L. Besterman 2/18/97 813-785-8043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)