FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N
1. Corporation Name

N09960

(8)

DRIFTWOOD MANOR PROPERTY OWNERS ASSOCIATION, INC

| Principal Place of Business | | | | Malling Address | | | | |
|---|------------------|---|---|---|-----------|-----------------------|-----------------|---|
| 1103 FLEETWOOD LANE FT. PIERCE FL 34982 US | | | FT | 1103 FLEETWOOD LANE FT. PIERCE FL 34982-7248 US | | | | |
| 00 | | | • | , | | | | 3. Date Incorporated or Qualified 06/25/1985 05/30/1996 |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| Sulte, Apt. #, etc. | | | 26 | 26 Suite, Apt. #, etc. | | | | 59-2359072 Not Applicable |
| 22 | | | 27 | —————————————————————————————————————— | | | | 5. Certificate of Status Desired |
| City & State | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution Added to Fees |
| | Zip Country | | — — ` — — — — — — — — — — — — — — — — — | | | Country | , | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 25 29 30 9, Name and Address of Current Registered Agent | | | | | | | | Florida Statutes |
| 9, Name and Address of Current Registered Agent | | | | | | 81 | Name | |
| 1145105 | 1 BN 10F | | | | | 82 | 1101110 | |
| HANSEN, BRUCE 1206 DRIFTWOOD LANE | | | | | | | Street A | Address (P.O. Box Number is Not Acceptable) |
| FORT PIERCÉ FL 34982 | | | | | | 63 | - | |
| 10111 | ICHOC I E | ,100L | | | | | | Lating of |
| `. · | • . | | | | | 84 | City | FL 65 Zip Code |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize | | | | | | e abov | e-named o | d corporation submits this statement for the purpose of changing its registered |
| agent. I a | ım familiar w | ith, and accept the obtig | ations of | , Section 617.0503, f | Florida S | Statute | s. | poration's board of directors, interesty accept the appointment as registered |
| SIGNATURE | | | | | | | | |
| 12. | Signature, typed | or printed name of registered ag OFFICERS AN | | | | tered Age | ent signature r | e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | OFFICENS AN | ID DIREC | DELETE | | .1 TITLE | T | Change Addition |
| NAME | | N, BRUCE | | <u></u> | 1 | .2 NAME | - 1 | i stary |
| STREET ADDRESS 1206 DRIFTWOOD LAN | | | | | | | ADDRESS | |
| CITY-ST-ZIP FT. PIEF | | | | | | .4 CITY - S | 1 | |
| TITLE | VP | | | DELETE | | .1 TITLE | | Change Addition |
| NAME | HAINES | i, BILL | | | 2 | .2 NAME | 1 | |
| STREET ADDRESS | 1106 K | INGSWOOD LANE | | | 2 | 3 STREET | ADDRESS | **. |
| CITY-ST-ZIP | FT PIER | KCE FL | | | 2 | 4 CITY- | ST-ZIP | |
| TITLE | T | | | ☐ DELETE | 3 | A TITLE | ľ | ☐ Change ☐ Addition |
| NAME | | ZA, VICTOR | | | 3. | .2 NAME | Į | |
| STREET ADDRESS | | INGSWOOD LANE | | | | | ADDRESS | |
| CITY-ST-ZIP | FT, PIE | RCE FL | | Decemen | | .4. CITY-3 | ST-ZIP | 100 |
| TITLE | 8 | en leer | | ☐ DELETE | | .1 TITLE | Ī | Change Addition |
| NAME | | ER, JEFF | | | - 1 | . 2 NAME | 1000000 | |
| STREET ADDRESS | | INGSWOOD LANE | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | FT. PIEI D | NUE FL | | DELETE | | .4 CITY-S .1 TITLE | II-ZIP | Change Addition |
| NAME | _ | TH, RON | | - CLEET | | .2 NAME | | Zinningo Zinningo Zin Addition |
| STREET ADDRESS | | LEETWOOD LANE | | | - 1 | | ADDRESS | |
| CITY-ST-ZIP | FT. PIE | | | | | 4 CiTY-S | | |
| TITLE | D | 14-11- | | ☐ DELETE | | 1 TITLE | | Change Addition |
| NAME | _ | ERTY, JERRY | | | | .2 NAME | | |
| STREET ADDRESS | | RIFTWOOD LANE | | | - 8 | | ADDRESS | |
| CITY OF WID | ET DIE | | | | | A DITU O | | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an atlachment with an address.

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Jun 09 1997 8:00am

Secretary of State