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May 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N09960** (8)

1. Corporation Name

DRIFTWOOD MANOR PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**1103 FLEETWOOD LANE
FT. PIERCE FL 34982
US**

**1103 FLEETWOOD LANE
FT. PIERCE FL 34982
US**



3. Date Incorporated or Qualified

06/25/1985

4. FEI Number

59-2359072

Applied For

Not Applicable

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 **25**

29 **30**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSEN, BRUCE
1208 DRIFTWOOD LANE
FORT PIERCE FL 34982**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HANSEN, BRUCE**
STREET ADDRESS **1208 DRIFTWOOD LANE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **VP** ☐ DELETE

NAME **HAINES, BILL**
STREET ADDRESS **1108 KINGSWOOD LANE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **T** ☐ DELETE

NAME **MENDOZA, VICTOR**
STREET ADDRESS **1107 KINGSWOOD LANE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **S** ☐ DELETE

NAME **CHESSER, JEFF**
STREET ADDRESS **1204 KINGSWOOD LANE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ DELETE

NAME **GRIFFITH, RON**
STREET ADDRESS **1201 FLEETWOOD LANE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ DELETE

NAME **DAUGHERTY, JERRY**
STREET ADDRESS **1107 DRIFTWOOD LANE**
CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 attachment with an address.

SIGNATURE:

[Signature] 5/16/98 561 467 7076

CR2E037 (10/97)