

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 21 PM 3: 26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N14732 (4)
1. Corporation Name

1. Corporation Name

CONGRESS PARK HOMES III PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1986		3a. Date of Last Report 02/10/1994	
4. FEI Number 65-0036564		Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐		\$6.75 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. 199.032, Florida Statutes ☐ Yes ☒ No			

Principal Place of Business		Mailing Address	
C/O LOUIS A. GAETA, JR. 4114 NORTHLAKE BLVD. STE 10 RIVIERA BCH FL 33404 US		600 W. BLUE HERON BLVD. C/O GERALD ADAMS RIVIERA BCH FL 33404 US	
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
25		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEGRAFFENREIDT, ANDREW I
600 W. BLUE HERON BLVD.
RIVERA BEACH FL 33404

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

2. ~~Structure, type or product name or request of export and tax if applicable~~

(NOTE: Registered Agent Signature required when completed)

FOR

12. ~~OFFICERS AND DIRECTORS~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE	PD
NAME	ADAMS, GERALD
STREET ADDRESS	600 W. BLUE HERON BLVD.
CITY - ST - ZIP	RIVERA BCH FL
TITLE	VP)
NAME	DEGRAFFENREIDT, ANDREW W
STREET ADDRESS	600 W. BLUE HERON BLVD.
CITY - ST - ZIP	RIVERA BCH FL
TITLE	SD
NAME	KANT, DAVENDER
STREET ADDRESS	600 W. BLUE HERON BLVD.
CITY - ST - ZIP	RIVERA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

ADMINISTRATIVE FORMS FOR OFFICERS AND DIRECTORS IN 12	
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	

4. I 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 included in this annual report or supplemental annual report is true and accurate and that my signature attests have this 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 of the annual report or supplemental annual report, as applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95

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