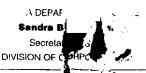
INC.					
CORPORAL					
ANNUAL REPOR	₹Ţ				
1997					





PARK HOMES OF TAMPA CONDOMINIUM ASSOCI

Principal Place of Business

Mailing Address

Aug 08 1997 8:00am Secretary of State

403-405 S. ARR P.O. BOX 10011 TAMPA FL 3367	1 79	403-405 S. ARRAWANA P.O. BOX 10811 TAMPA FL 33679-0811		3. Date Incorporated or Qualified 07/09/1986	3s. Date of Last Report 08/23/1996
2. Principal P	Hace of Business 4n5 5. Appawawa	2a. Mailing Address	stshoee B	4. FEI Number 59-2774788	Applied For Not Applicable
Sulte, Apt.	#, etc.	26 / 41 N . Ve Sulte, Apt. #, etc. 27 310	stange. D	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Å ,F/	City & State 28 Amag	FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2/23X0	9. Name and Address of Curiont		Country De HillsBoe	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	Yes 🔲 No
to or rayont. I a	FTE, ELEANOR A		81 Name 82 Street 83 Cib- s, the above-named thorized by the conda Statutes.	ique Peneity servi	PS, TAK. BLUD FL 85 3 p Code 7
SIGNATURE	Signature year winted name of registered agont is	and title if applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE 70 ~9 /
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	1 0	DELETE	1.1 TITLE		Change Addition
NAME	MARCOTTE, ELEANOR R		1.2 NAME		
STREET ADDRESS	405 S ARRAWANA #5		1.3 STREET ADDRESS		;
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	DIAZ, TASHIA		22 NAME		
STREET ADDRESS	403 S ARRAWANA #1		2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 3.2609		2. 4 CITY-ST-ZIP		į
TITLE -	& PO	DELFTE	8.1 ₹ITLE	-	Change Landdition
NAME	MOLNAR, LOUIS		3.2 NAME		·
STREET ADDRESS	405 S. ARRAWANA AVE. #8		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	50	☐ Change ☐ Addition
NAME	:		4. 2 NAME	BAT JOBIN	nio shed
STREET ADDRESS			4.3 STREET ADDRESS	HAS S. ADRAMANH	AVE FF 7
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PAT JOBIN 403 S. ADRAWANA JAMPA PI 3366	99
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME :			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	All front front front front front front	63 11 PE Addition 18033
NAME			6.2 NAME	10000226 -08/13/970109	ball 16
STREET ADDGESS			6.3 STREET ADDRESS	-08/13/9/0103	10U33 CC
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00	8 8

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 attachment with an address.