## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% CONCEPT MANAGEMENT SERVICE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18688

(4)

% CONCEPT MANAGEMENT SERVICE

Mailing Address

FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

7136 SE OSPREY STREET HOBE SOUND FL 33455		7136 SE OSPREY STREET					
		HOBE SOUND FL 33455-6159			3. Date Incorporated or Qualified 3a. 01/09/1987	Date of Last Report 04/04/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	
21		26			65-0223384	Not Applica	
Suite, Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona Fee Regulred	ıl l
22		27 City & State		<del></del>			
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	1
<b>23</b>	Country	<b>Z</b> ip	Co	untry	This corporation has liability for intanging	<del>, , </del>	
<del></del> ′	25	29	30	or it. y		No	÷,
24	9. Name and Address of Curren		[30]	1	10. Name and Address of New Register		
				81 Name			
CORNET	T, JANE L. ESQ.			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
% WACK		82 Street Ad		DOTESS (F.O. BOX NUTROET IS NOT ACCEPTANCE)		İ	
	SCEOLA STREET 1ST FLOOR			83			
	FL 34995			34 5%		Teel 7in Code	
				84 City	F	Zip Code	
SIGNATURE					corporation submits this statement for the purpos oration's board of directors. I hereby accept the t		∌d
_	Signature, typed or printed name of registered age				equired when reinstating) DAT		
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Add	
TITLE	STD DUOTIVE MELEN	T' DETE IT		TITLE		CHANGO IIII NAC	Hillian
NAME	RUDTKE, HELEN			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL	DELETE		CITY-ST-ZIP		☐ Change ☐ Add	dition
TITLE	D ANIELICO FOANIV	M DETEIR		TITLE			IIII
NAME	ANFUSO, FRANK			NAME			
STREET ADDRESS	5918 SE FRANKLIN PLACE			STREET ADORESS			
CiTY-ST-ZIP	HOBE SOUND FL	DELETE		CITY-ST-ZIP		Change Add	dition
TITLE	PD DUTU	T DECENT		TITLE		THE CHANGE THE COLOR	Moon
NAME	TAYLOR, RUTH			NAME			
STREET ADDRESS	5858 SE FRANKLIN PLACE			STREET ADDRESS			
CHY-ST-ZIP	HOBE SOUND FL	DELETE		CITY-ST-ZIP TITLE		Change Add	dition
TITLE	D LACHANICE DETER	C OCCUP		1		Cit charite	A1576
NAME	LACHANCE, PETER			NAME			
STREET ADDRESS	5906 SE FRANKLIN PLACE HOBE SOUND FL			STREET ADDRESS			
CITY-ST-ZIP	VD VD	DELETE		CITY-ST-ZIP TITLE		Change Add	dition
TITLE	MCKENNA, MARY	M Network		NAME		had willings to the	J1114
NAME	5870 SE FRANKLIN PLACE			STREET ADDRESS			
STREET ADDRESS	HOBE SOUND FL			1			
CITY-ST-ZIP TITLE	D D	X DELĒTE		CITY-ST-ZIP TITLE		Change Add	dition
	MOORHOUSE, HENRY	<u></u>		NAME			
NAME exact topping	5942 SE FRANKLIN PLACE			STREET ADDRESS			
STREET ADDRESS	HOBE SOUND FL						
CITY-ST-ZIP	by cortify that the information supplie	id with this filling does not a	ality for the	e exemption st	ated in Section 119.07(3)(i), Florida Statutes. I ful	rther certify that the	
l intermetic	on indicated on this annual report or s	eunnlamental annual renort i	ie true and	i accurate and	that my signature shall have the same legal effect eport as required by Chapter 617, Florida Statute	nt as it made under oath	ı; thai
l am an oi appears i	incer or director of the corpo <del>rati</del> on of in Block 12 or Block 13 if changed, o	r the receiver or trustee emp or on an attachm@nt with an r	xowered to address.	execute this re	aport as required by Chapter 617, Florida Statute	s, and mat my name	