FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N24343

(8)

PHII	PS	CREEK	PROPERTY	OWNERS	ASSOCIATION.	INC
ГПІ	JIT O	OUCEV	rnurenii	OMMENS	ADDUCIATION.	INU.

PHILIP	s creek property own	IERS' ASSOCIATION,	INC.					
Principal Place	of Business	Mailing Address				-{	ANT CITAL BIOLOGICAL BOOM	
%JOEL MAR 7150 PHILIPS FT. MYERS F	S CREEK CT.	%JOEL MARTINEAU 7150 PHILIPS CREEK FT. MYERS FL 33908	CT.					
US		US				3. Date Incorporated or Qualified 01/13/1988	3a. Date of Last 07/12/1	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number NOT APPLICABLE Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	•	City & State				6. Election Campaign Financing	\$5.0	May Be
Zip	Country	Zip	Country			This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30				Yes 🛛 No	
	9. Name and Address of Currer	it Registered Agent		B1	Name	10. Name and Address of New Re	gistered Agent	
MARTIN	FALL JOEL			B2		(D.C. D. N		
MARTINEAU, JOEL 7150 PHILIPS CREEK CT.					Street Addre	ess (P.O. Box Number is Not Acceptable	·)	
FT. MYE	RS FL 33908			B3				
				B4	City			p Code
or register familiar with SIGNATURE	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	e and 617.1508, Florida Statu da. Such change was authori, ion 617.0503, Florida Statute	tes, the abov zed by the co s.	e-na orpo	amed corpora pration's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing its i ntment as registered	registered office I agent. I am
	Signature, typed or printed name of registered agent			gent	signature required		DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.	_		ADDITIONS/CHANGES TO OFFIC		
NAME	HARRIS, RONALD A.	Decrete	1.1 TITL				Change	☐ Addition
STREET ADDRESS	4575 VIA ROYALE, STE. 218		1.2 NAN		ADDRESS			
C(1Y-S1-ZIP	FT MYERS FL		1.4 CIT					
TITLE	VD	DELETE	2 1 TITL		- ZIF		☐ Change	Addition
NAME	FOUS, WILLIAM	- -	2 2 NAN	ΛE	1			
STREET ADDRESS	7140 PHILIPS CREEK CT		2 3 STR	EET A	ADDRESS			
CITY - ST - ZIP	FT. MYERS FL		2 4 CIT	Y-\$1	T-21P			
TITLE	STD	DELETE	3 1 TITE	.E		-	Change	☐ Addition
NAME	MARTINEAU, JOEL		3 2 NAN	ΛE				
STREET ADDRESS	7150 PHILPS CREEK CT		33 STR	EET A	ADDRESS			
CITY-SI-ZIP	FT. MYERS FL	Clorusts	3 4. CIT		T-ZIP			
TITLE		DELETE	4.1 TITL				Change	Addition
NAME			4. 2 NA					
STREET ADDRESS CITY-ST-ZIP			1		ADDRESS			
TITLE		DELETE	4.4 CiTY 5.1 TiTL		- 219		Change	Addition
NAME			5.2 NAM				onange	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 C(T)					
TITLE		DELETE	6.1 TITL			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			6.2 NAN	ΛE				
STREET ADDRESS			6.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			6.4 CITY	/-ST	- ZIP			
certify that	t the information indicated on this annu	Jal report or supplemental ani	nual report is:	true	e and accurate	or the exemption stated in Section 119.0 e and that my signature shall have the sereport as required by Chapter 617, Flor	ame legal effect as i	f made under

SIGNATURE: _

AND AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95

941-278-1003 Daytime Phone #