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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CAMPBELL COMMERCIAL OWNERS' ASSOCIATION, INC.								
Principal Place	of Busines	3	Malling Address			S INDRESTOR OF LEGAL MINES FOR SOLD S	f 1991 filoli Qsest filati Albi	il Bydyr Bibli yodi
C/O JOHN M. DENTON 6633 53RD AVE. E. BRADENTON FL 34203			6633 53RD AVE. E.	C/O JOHN M. DENTON 6639 53RD AVE. E. BRADENTON FL 34203-7809				
DINDERTON	. 01200			57779 BITTOTI F B B B B B B B B B B B B B B B B B B			3. Date Incorporated or Qualified 01/25/1988 3a. Date of Last Report 08/21/1996	
Principal Place of Business 21			2a. Mailing Address 26			4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	······································		5. Certificate of Status Desired	1 1 7 7	5 Additional Required
City & State			City & State	_		6. Election Campaign Financing		May Be
23			28					d to Fees
Zip	Country Zip		Cour	try	8. This corporation has liability for		r s. 199.032,	
24	25 29 39 39 39 39 39 39 39			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9, 1101110	and Addition of Od	Hall Hadistalen våett		Name	10. Hallo and Addiber of 1999 He	Bistolen Albeitt	
MADDIS	N G 10	SEDH		1	20 00	(DO D. 1) - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-1-3	
HARRISON, G. JOSEPH 1206 MANATEE AVE W.						ress (P.O. Box Number is Not Acceptat)(e)	
BRADEN	ITON FL 3	1205		!	B3			
					B4 City		FL 🖺	ip Code
SIGNATURE _						poration submits this statement for the p tion's board of directors. I hereby acce		its registered as registered
12.	Signature, typed		d agent and title if applicable. (N AND DIRECTORS	OYE: Registered	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	OPS IN 12
TITLE	PTD	UFFICENS	DELETE	1.1 160	F	ADDITIONS/CHANGES TO OFFIC	Change	
NAME		N, JOHN M		1.2 NA			<u> </u>	
STREET ADDRESS		ITH ST WEST		1.3 STF	EET ADDRESS			
CITY-ST-ZIP		NTON FL		1.4 CIT	Y-ST-ZIP			
TITLE	VPD DELETE		2.1 111	Ē		☐ Change	e 🔲 Addition	
NAME	TAYOLOR, R JAY			2.2 NAME				Ì
STREET ADDRESS	932 5TH AVE W			2.3 STREET ADDRESS				
CITY - ST - ZIP	PALMETTO FL		T Delete	2.4 CITY-ST-ZIP 3.1 TITLE		·	T Chan	a Maratina
TITLE	SD DELETE				_	Change		e L Addition
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NAME				4. 2 NA	ME		-	
STREET ADDRESS				4.3 STF	EET ADDRESS			ļ
CITY - ST - ZIP			······································	4.4 CIT	Y-ST-ZIP			
TITLE			☐ DELETE	5.1 TIT	Æ		Change	8 Addition
NAME				5.2 NAI	AE			
STREET ADDRESS				8	EET ADDRESS			
CITY-ST-ZIP			T no rye		Y-ST-ZIP		T Chan	a Addition
TITLE	L) DELETE		6.1 TIT			<u>∟</u> Chang	e L. Addition	
NAME STREET ADDRESS				6,2 NAI	1			
STREET ADDRESS					EET ADDRESS /-ST-ZIP			į
14. do hereb	y certify tha	t the information sup	plied with this filling does not au	alify for the e	xemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the
information	n indicated (ficer or dire)	on this annual report	or supplemental annual report is	s true and a	ccurate and that	t my signature shall have the same lega rt as required by Chapter 617, Florida S	al effect as if made (under oath; that

FILED

May 01 1997 8:00am

Secretary of State