

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 # N26149

(7)

1. Corporation Name

THE COALITION OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

313 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL 32114-1997

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DAYTONA BEACH FL 32114-1997

3. Date Incorporated or Qualified  
04/28/1988

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2897403

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELLEY, W. DENISE  
313 SOUTH PALMETTO AVE.  
DAYTONA BEACH FL 32114-1997

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME KING, JOHN M., JR.  
STREET ADDRESS 1237 FRANKLIN DR.  
CITY-ST-ZIP PORT ORANGE FL

TITLE VD ☒ DELETE  
NAME POST, CLAUDE  
STREET ADDRESS 829 CHICKADEE DRIVE  
CITY-ST-ZIP PORT ORANGE FL

TITLE SD ☐ DELETE  
NAME ADAIR, RITA C.  
STREET ADDRESS 713 NORMANDY BLVD.  
CITY-ST-ZIP PORT ORANGE FL

TITLE TD ☐ DELETE  
NAME DELL, NEIL  
STREET ADDRESS 856 CHICKADEE DR  
CITY-ST-ZIP PORT ORANGE FL

TITLE D ☒ DELETE  
NAME MCGINNIS, CECELIA F.  
STREET ADDRESS 42 CROOKED PINE ROAD  
CITY-ST-ZIP PORT ORANGE FL

TITLE D ☐ DELETE  
NAME SALLESE, DONATO G  
STREET ADDRESS 1224 FRANKLIN DR  
CITY-ST-ZIP PORT ORANGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME STEINDOERFER, GEORGE J.  
1.3 STREET ADDRESS 4574 Miles Drive  
1.4 CITY-ST-ZIP Port Orange, FL. 32127

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME WILCOX, WAYNE A.  
2.3 STREET ADDRESS 812 Woodport Drive  
2.4 CITY-ST-ZIP Port Orange, FL. 32127

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME GIANNICO, JOSEPH J.  
3.3 STREET ADDRESS 16 Crooked Pine Road  
3.4 CITY-ST-ZIP Port Orange, 32124

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME HUGHES, MAUREEN  
4.3 STREET ADDRESS 227 Windsor Drive  
4.4 CITY-ST-ZIP Port Orange, FL. 32119

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME LUTHER, M. ILENE  
5.3 STREET ADDRESS 5644 Finley Drive  
5.4 CITY-ST-ZIP Port Orange, FL. 32127

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME PAYNE, PAUL G.  
6.3 STREET ADDRESS 131 W. Piedmont Avenue  
6.4 CITY-ST-ZIP Port Orange, FL. 32119

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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.

SIGNATURE:

Rita C. Adair

Rita C. Adair, Secretary (904) 761-7199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 12, 1996 Daytime Phone #

CR2E037 (12/95)