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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N26197

(6)

| WENTWORTH PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address Market Development Corporation 6601 W BROAD ST Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address | | | | | | | | | | | |
|--|--|--|-------------------|------------------------|-------------|---|---|------------------------|--|---------------------------------|--|
| RICHMOND 1 | /A 2323U | RICHMOND VA 23230 | | | | | 3. Date Incorporated or Qualified 04/29/1988 | 3a. [| Date of Last 05/01/1 | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | | | 4. FEI Number Applied For S9-2950703 Not Applicable | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required | | |
| City & State | е | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | O May Be d to Fees | | |
| Zip 24 | Country 25 | Ζ _I ρ 29 | — | | | B. This corporation has liability for in Florida Statutes | | | intangible tax under s. 199.032, ☐ Yes ☐ No | | |
| | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | 81 | Name | | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYES STREET | | | | B2 Street Addre | | | oss (P.O. Box Number is Not Acceptable) | | | | |
| | ASSEE FL 32301 | | | | | | | | | | |
| | | | | 84 | City | | | FI | 85 Zip | o Code | |
| or registe | to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section Signature, typed or printed name of registered agent is | ia. Such change was authori on 617.0503, Florida Statute: | zed by the (| corp | oration's t | cioard | of directors. I hereby accept the appo | ose of ci intment a | hanging Its r is registered | egistered office agent. I am | |
| 12. | OFFICERS AND | | 13. | • | | | ADDITIONS/CHANGES TO OFFIC | DERS AN | ID DIRECTO | PRS IN 12 | |
| TITLE | PD | □DELETE 1.1 TI | | | 1 TITLE | | | | Change | ☐ Addition | |
| NAME | NOONAN, JOHN M. | | 1.2 N | - | | | | | | | |
| STREET ADDRESS | 6603 W BROAD ST | 1.3 S | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | 14 CHTY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE | VD □ DELETE 21 | | | | | | | ☐ Change | Addition | | |
| NAME | KEENER, DENNIS G | | 22 N | | 1 | | | | | | |
| STREET ADDRESS | 2990 WENTWORTH WAY | | | 2 3 STREET ADDRE | | | | | | | |
| CITY-ST-ZIP TITLE | TARPON SPRINGS FL 34689 STD | DELETE | 2 4 CH 3.1 THE | | Y-S1-ZIP | | | | X Change | [] Addition | |
| NAME | MARKEMENSKY WIEDWAYS. | | 3.1 MA | | | | ibutti, L. D. | | K Change | Addition | |
| STREET ADDRESS | | ACCOUNT TO A CONTRACT OF THE C | | 3 3 STREET ADDRESS | | _ | 1200001, 11. 21 | | | | |
| CITY-ST-ZIP | RICHMOND VA 23230 | | | | ST-ZIP | | | | | | |
| TITLE | | DELETE | 4.1 T | | | | | | ☐ Change | ☐ Addition | |
| NAME | | | 4.21 | IAME | | | | | | | |
| STREET ADDRESS | | | 4.3 S | TREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | 4.4 C | 11Y-\$ | T-ZIP | | | | | | |
| TITLE | | DELETE | 5.1 T | TLE | | | | | ☐ Change | Addition | |
| NAME | | | 52 N | AME | | | | | | | |
| STREET ADDRESS | | | 5.3 S | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 C | ITY-S | T-ZIP | | | | - | , <u></u> | |
| TITLE | | DELETE | 6.1 T | 7LE | | | | | Change | Addition | |
| NAME . | | | 62 N | AME | | | | | | | |
| STREET ADDRESS | • • • • • • • | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | by certify that the information supplied w | with this filing is valuntarily for | | | T-ZIP | lify for | the exemption stated in Section 110 C | 7(3)(4) | Iorida Statut | es 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:

MAN MONTH STATES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

Dartinie Phone #