FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:48

DOCUMENT # N45215 (3)

1. Corporation Name

CPR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2530 COUNTRYSIDE PINES DRIVE CLEARWATER FL 34621	2530 COUNTRYSIDE PINES DRIVE CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-3080283 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 2508 Countryside Pines Dr
22: Suite, Apt. #, etc.
23: City & State: Clearwater Fl
24: Zip: 34621 25: Country

2a. Mailing Address
26: 2508 Countryside Pines Dr
27: Suite, Apt. #, etc.
28: City & State: Clearwater Fl
29: Zip: 34621 30: Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIGGS, BEJAMIN H JR.
2530 COUNTRYSIDE PINES DR
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

01 Name: Kevin Daw
02 Street Address (P.O. Box Number Is Not Acceptable): 2508 Country side Pines Dr
03:
04 City: Clearwater FL 05 Zip Code: 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE _____ 3-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	GRIGGS, BENJAMIN H JR.	1.2 NAME	Kevin Daw	
STREET ADDRESS	2530 COUNTRYSIDE PINES DR	1.3 STREET ADDRESS	2508 Country side Pines Dr	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater Fl 34621	
TITLE	DVP	2.1 TITLE	DVP	☑ Change ☐ Addition
NAME	RUGGIERO, VICTOR	2.2 NAME	William Burger	
STREET ADDRESS	2518 COUNTRYSIDE PINES DR	2.3 STREET ADDRESS	2542 Countryside Pines Dr	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater Fl 34621	
TITLE	DS	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	MORALES, WILLIAM	3.2 NAME	Tony Griffith	
STREET ADDRESS	2526 COUNTRYSIDE PINES DR	3.3 STREET ADDRESS	2546 Countryside Pines Dr	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater Fl 34621	
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	HODGE, EDWARD	4.2 NAME		
STREET ADDRESS	2522 COUNTRYSIDE PINES DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 119.07(3)(i), 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: Edward Hodge Edward Hodge 3-8-95 813-725-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000184