## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS \*

## **FILED** Jun 02 1997 8:00am Secretary of State

	CPR HOMEOWNERS	ASSOCIATION I	NC.					
Principal Place of Business Mailing Address								
2430 Estancia Blvd. 2430 Estanc			cia 1	Blvd.	,			
		<b>.</b>						
Suite #114 Suite #114 Clearwater, FL 34621 Clearwater,			TAT	TOT 24621		e Incorporated or Qualified	3a. Date of Las	st Report
Clear	water, FL 34621	, PL	34623	-				
	lace of Business	US 2a. Mailing Address			4. FEI	Number		Applied For
21		26			59	-3080283		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Cer	tificate of Status Desired		5 Additional
City & State		City & State						Required
23		28				stion Campaign Financing st Fund Contribution		00 May Be ed to Fees
Zip Country		Zip Country			corporation has liability for			
24 25		29 30			Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent		81 Name	10. Nar	ne and Address of New Re	gistered Agent	
Florida Central Management								
2430 Estancia Blvd.				82 Street Address (P.O. Box Number is Not Acceptable)				
Suite #114				83				
Clear	21		63					
VICU.	LWGCCI, ED 5402			84 City			FL 85 Z	ip 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 agont, 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 obligators of Section 617.0503, Florida Statutes.								
SIGNATURE Storbute, Spot or purply a name of pusitioned agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE								
12.	ØFFICERS AND		13.		ADDI	TIONS/CHANGES TO OFFIC	CERS AND DIRECT	(
TITLE	p/n	☐ DELETE	1.1 TH	LE			L Chang	ge 🔝 Addition   है
NAME	Bill Burger		1.2 NA	ME				
STREET ADDRESS	2542 Countrysid	le Pines Dr.		REET ADDRESS				ן
CITY-ST-ZIP TITLE	<u>Clearwater, FL</u>	34621 ☐ DELETE	2.1 TIT	Y-ST-ZIP			Chang	ge Addition
NAME	8/D Tony Griffith		2.1 (III	1				le 🖂 Modition 🗸
STREET ADDRESS	2546 Countrysid	le Pines Dr.		REET ADDRESS				
CITY-ST-ZIP	Clearwater, FL	34621		TY-ST-ZIP				
TITLE .		DELETE	3.1 TIT				Chang	ge Addition
NAME	T/D Rosemary Burger		3.2 NA1	ME .				
STREET ADDRESS	2542 Countrysid	le Pines Dr.	3 3 S 1 F	REET ADDRESS				ŀ
CITY-ST-ZIP	Clearwater, FL	34621	3.4. CI	TY-ST-ZIP				
TITLE		DELETE	4 1 111	LE			☐ Chang	ge Addition
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRESS				
CITY-ST-ZIP	·- ·- ·	Decem		Y-ST-ZIP				- F-7 Advise
TITLE		☐ DELETE	5.1 TIT		H-ni	<b>ะกดกดอ</b> ออด	Chang	ge 🔲 Addition
NAME			5.2 NAI		•	00000220 -06/11/97010	03003	
STREET ADDRESS				REET ADDRESS		***61.25	THE THE THE	
CITY+ST-ZIP TITLE	<del></del>	DELETE	6.1 TIT	Y-\$1-Z#P		· -	Chang	je Addition
NAME		hand Present	6.2 NAI					15
STREET ADDRESS				REET ADDRESS				05 6/2/97
CITY-ST-ZIP				Y-\$1-ZIP				6/8/7/
						440.07(0)(1) Et		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR