## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # N50120

(7)

THE CIRCLE "C" SUBDIVISION HOMEOWNERS' ASSOCIATI ON, INC.

Principal Place of Business

Mailing Address



15057 - 16TH DR., E. BRADENTON FL 34202-9329 US		15057 EAST 16TH DRIVE BRADENTON FL 34202 US			Date Incorporated or Qualified     07/29/1992	3a. Date of Last Report 04/24/1995	
					4. FEI Number	1 04/2	Applied For
2. Principal Plac	be of Business	2a. Mailing Address 26 15057 16TH DR-E.			65-0493623	ŀ	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T -	.75 Additional
22		27			6 Flastica Compaign Financing		5.00 May Be
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	_ LJ	dded to Fees
Zip	_ County		Country	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
24	25	29 34202-9329	30		10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Hegistereo Agent	81	Name			
				1	(C.O. Day N. Japhas in Not Accontable	(a)	
STRAITS, THOMAS W 15057 16TH DR., E.				82 Street Address (P.O. Box Number is Not Acceptable)			
BRADENTON FL 34202			83	83			
				City		FL 85	Zip Code
		10174500 Florid Otto	as the shore	pamed co	poration submits this statement for the purpopard of directors. I hereby accept the appo	of observing	its registered office
	o the provisions of Sections 617.0502 ad agent, or both, in the State of Florion, and accept the obligations of, Sect			-named col poration's b	rporation submits this statement for the pur poard of directors. I hereby accept the appo	ointment as regis	tered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and this if applicable. (NO	OTF: Registered Aq	ent signature re	quired when reinstating)	DATE	
12.	Signature, typed or printed name or registered agoing OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		
TITLE	DP	DELETE	1.1 TITLE			<b>Z</b> Chi	ange 🗌 Addition
NAME	STRAITS, THOMAS W.		1.2 NAM6	:			
STREET ADDRESS	15057 EAST 16TH DRIVE		1.3 STRE	et address	15057 16TH DR.E.		l
CITY-ST-ZIP	BRADENTON FL			-ST-ZIP	34202	. Ch	ange
TITLE	DV	DELETE	2.1 TITLE			<b>∠</b> Uni	arige   Mudition
NAME	DILL, JOHN		2.2 NAM		14857 16TH DR.E.		
STREET ADDRESS	14857 EAST 16TH DR		2.3 STRE	et address			
DITY-ST-ZIP	BRADENTON FL			-ST-ZIP	34202	<b>Z</b> Ch	ange
TITLE	DS	DELETE	3.1 TITUE			<b>12</b> 1 on	mana Chaman
NAME	GILES, SHAWN		3 2 NAM	TH DO F.			
STREET ADDRESS	15007 EAST 16TH DRIVE			ET ADDRESS	34202	•	
CITY-S1-ZIP	BRADENTON FL	DELETE	3.4. CHT	(-ST-ŽIP F	37202	<b>Z</b> Ct	nange
TITLE	DT		4.1 IIIE				
NAME	STRAITS, LORI C.			EET ADDRESS	15057 16TH DR.E.		
STREET ADDRESS	15057 EAST 16TH DRIVE			-ST-ZIP	34202		
CfTY-ST-ZIP	BRADENTON FL	DELETE	5 1 TITL			C	nange 🔲 Addition
TITLE	D ODDING ANCELA	- Decert	5.2 NAN				
NAME	CREWS, ANGELA			EET ADDRESS			
STREET ADDRESS	14957 EAST 16TH DRIVE			r-ST-ZIP			
CITY-ST-ZIP TITLE	BRADENTON FL	DELETE	6 1 TITL		D	C	hange 🔀 Addition
NAME	KEVORKIAN, MARIE	—	6 2 NAM	Æ	MARIE KEVORKIAN		
	14957 16 TH DR.E.	<b>→</b>	6.3 STR	EET ADDRESS	14957 16TH DLE		
STREET ADDRESS	المحاصرات والمساورة والمساورة	1202			BRADENTON FL 3420	٤	
CITY-ST-ZIP	and it that the information supplied	with this filing is voluntarily fu	mished and d	oes not qu	alify for the exemption stated in Section 119	9.07(3)(k), Florida	Statutes, I further

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)(k). 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 CHARLES LOTTO C Straits
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 748 5667 Daytime Phone #

CR2E037 (12/95)