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NONPROFIT CORPORATION ANNUAL REPORT



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

	1996
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DOCUMENT #
1. Corporation Name

N51452

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CI ENWOOD	ACRES	HOMEOWNERS	ASSOCIATION	INC
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22		Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Cert	ificate of State	us Desired		Fee	5 Additional Required	
23	City & State	9	City & State						ı	tion Campaig t Fund Contri	_			00 May Be led to Fees		
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	DAVAS (CHARLIE									555				···	
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		T. MARY F	L 32040					83								
								84	С	Sity					FL 85 2	Zıp Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by the or familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								above-r	nam	ied corporati tion's board	ion submi of directo	ts this statem rs. I hereby a	ent for the p ccept the a	purpose ppointme	of changing its ent as registere	registered office ed agent. I am
SI	GNATURE _															
L,		Signature, typed	or printed name of registerer	d agent and title S AND DIRE		(NO		ered Ager 3.	nt sig	nature required w			ICES TO O		S AND DIRECT	ODE IN 12
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To 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.

GNATURE:

| Signature and Type 0 B-PRINTED NAME OF SIGNING OFFICER OF DIRECTOR | Date | Daytime Prome 1