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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003984 (2)**

1. Corporation Name

DREW AND PLAZA PARK HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
210 VINE AVE. CLEARWATER FL 34615	PO BOX 714 CLEARWATER FL 34617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-3218131** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TANKEL, ROBERT L
33 N. GARDEN AVE.
CLEARWATER TOWER - SUITE 960
CLEARWATER FL 34615-4116

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D- President	☐ Change ☐ Addition
NAME	GRICE, DAVID	1.2 NAME	David GRICE	same
STREET ADDRESS	210 VINE AVE.	1.3 STREET ADDRESS	210 Vine Ave	
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	Clwtr Fla 34615	
TITLE	DS	2.1 TITLE	D-Secretary	☒ Change ☐ Addition
NAME	QUINTIN, MICHAEL	2.2 NAME	Lee Britt	
STREET ADDRESS	1604 LONGBOW LANE	2.3 STREET ADDRESS	302 Yz Vine Ave	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clwtr, Fla. 34615	
TITLE	DT	3.1 TITLE	D-Treasurer	☒ Change ☐ Addition
NAME	THOMASON, KRISTA	3.2 NAME	Dorothy Heinke	
STREET ADDRESS	907 PLAZA ST	3.3 STREET ADDRESS	311 Vine Ave	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clwtr, Fla 34615	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: David A. Grice DP 4-13-95 813-443-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David A. Grice - President

0004930