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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N94000000075 (1)**

1. Corporation Name

**CHOKOLOSKEE ISLAND PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**318 MAMIE STREET  
CHOKOLOSKEE FL 33925**

**318 MAMIE STREET  
CHOKOLOSKEE FL 33925**



3. Date Incorporated or Qualified  
**12/29/1993**

3a. Date of Last Report  
**08/12/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

4. FEI Number

**65-0492431**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANCOCK, A C JR.  
318 MAMIE STREET  
CHOKOLOSKEE FL 33925**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 **PD** ☐ DELETE

NAME **HANCOCK, A.C.**  
STREET ADDRESS **318 MAMIE ST**  
CITY-ST-ZIP **CHOKOLOSKEE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **WELLS, ROBERT**  
STREET ADDRESS **288 MAMIE ST.**  
CITY-ST-ZIP **CHOKOLOSKEE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **TIFFT, FRANCES**  
STREET ADDRESS **228 MAMIE ST.**  
CITY-ST-ZIP **CHOKOLOSKEE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BROWN, A. KENNETH**  
STREET ADDRESS **P.O. BOX 39 N/A**  
CITY-ST-ZIP **CHOKOLOSKEE FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **POTTER, BILLIE**  
STREET ADDRESS **P.O. BOX 69 N/A**  
CITY-ST-ZIP **CHOKOLOSKEE FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: **A.C. Mortham** REQUIRED

1-23-97 941-625-235

CR2E037 (9/96)