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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000005974 (0)

1. Corporation Name

ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**9425 CARLTON ROAD
FT. PIERCE FL 34988**

Mailing Address

**9425 CARLTON ROAD
FT. PIERCE FL 34988-3210**

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0997090

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**

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

**KERR, ROBERT S SR
9425 CARLTON ROAD
FT. PIERCE FL 34988**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBMAN, JEFF	
STREET ADDRESS	6625 SANTONA ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	O'LARRY, DANIEL	
STREET ADDRESS	P.O. BOX 2909 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, GARY	
STREET ADDRESS	P.O. BOX 3967 N/A	
CITY-ST-ZIP	KISSIMMEE FL 32741	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KERR, ROBERT	
STREET ADDRESS	P.O. BOX 708 N/A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HODGE, SHERRY	
STREET ADDRESS	P.O. BOX 730 N/A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, STEVE	
STREET ADDRESS	P.O. BOX 730 N/A	
CITY-ST-ZIP	BELLE GLADE FL 33430	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0072348**

1/30/97 (561) 461-6679

CR2E037 (9/96)