## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

DOCUMENT #

1996

N95000001656 (6)

CARDINAL WOODS NEIGHBORHOOD ASSOCIATION, INC	<b>,</b>
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Principal Place of Business Mailing Address P.O. BOX 61357 P.O. BOX 61357



FOLM DATE	LE 35900-1337		PF	ALM BAT FL 32906-1357									
								<ol> <li>Date Incorporated or Qualified 04/07/1995</li> </ol>	d 3a. D	ate of L	ast Report		
2. Principal Place of Business			<del></del>	Mailing Address	1			4. FEI Number		T	Applied For		
21 Cuito Ant	H -1-		26	439 ADDISC	N HVE	· NE		59-3292/15			Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional ee Required		
City & Stat	te			City & State				6. Election Campaign Financing			.00 May Be		
23			28		2.			Trust Fund Contribution			ded to Fees		
Zip	<b>├</b> ──	ountry		Zip	Country	•		8. This corporation has liability for	or intangible ta	ax unde	r s. 199.032,		
24	25		29		30 75	<u>A</u>		Florida Statutes	☐ Yes <b>Д</b>	No			
	9. Name and A	Address of Current F	iegiste	ered Agent		<del>,</del>	1	<ol><li>Name and Address of New</li></ol>	Registered	Agent			
					81	Name							
WILLIAMS, ROBART L 82 Street Address (P.C								(P.O. Box Number is Not Accept	ahle)				
439 AD	DISON AVE. NE					Olicci	7 loar c 33 :	( .o. box (tornoor is flot Accept	auloj				
PALM B	AY FL 32907				63								
									···		···		
					84	City			FL	85	Zip Code		
11. Pursuānt	to the provisions of	Sections 617.0502 ar	id 617.	.1508, Florida Statutes.	the allee	named co	orporation	submits this statement for the r		engion i	ts registered office		
l or register	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the all e-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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE	KoßERT L Signature, typed or printed	WILLIAMS I harrie of registered agent and	litte if app		Registe	nt signatura i	required wher		DATE	···	<del></del>		
12.	1	OFFICERS AND D			1:			ADDITIONS/CHANGES TO O	FRICERS AND	DIREC	TORS IN 12		
TITLE		UE -VICE PR	es.	DELETE	1 1		TINI	LOGUE, VICE PR	<i>65.</i>	Chang			
NAME	TINA LOGU	IE			12 ME		TIN	A LOGUE	•	,			
STREET ADDRESS	320 NEWED	LKD. NE			1.3 REE	T ADORESS	320	NEWELL RD. A	)6	٥			
CITY-ST-ZIP	PALM BAY	FL. 32901			14 Y-S	ST-ZIP	PAL	M BAY, Fr. 32	907				
TITLE	TREASURE			DELETE	2 1		TRE	SUREK.		Chang	ie 🔲 Addition		
NAME	DIANE W	HITE			2 2 ME		DIA	UE WHITE			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
STREET ADDRESS	1740 APAC	HE ST. NE				ADDRESS	1740	APACHE STIN	)6	Ŋ			
CITY-ST-ZIP		FL. 3290				ST-ZIP		MBMY PL. 329		•			
TITLE	SECRETA			DELETE	3 1 TLE	<u> </u>		RETALY		Chang	ge Addition		
NAME (	CATHERINE	CASABIAN	cA		3 2 MME			HERINE CASAB			te 🗀 vaquiiqii		
STREET ADDRESS	366 HARVE	Y AVE. NE				ADDRESS	344	HARVEY AVE.	NE	7	`		
CITY - ST - ZIP		FL. 3290	17		3.3	ST · ZIP	DA1	MBAY PL. 3	26.4	•	Ø i		
TITLE	PRESIDER	17 ·		DELETE	3 TLE	411		SIDENT .		Chanc	e 🗍 Addition		
NAME		. WILLIAMS			AME			ERT L. WILLIA		T OHARK	ie 🗀 vaaitiõu		
STREET ADDRESS		SON AVE, N			1'8	ADDRESS	1/20	ADDISON AVE	"DE	b			
CITY-ST-ZIP	DAIMBAN	PL. 3290	<u>.</u>		7.4	7-21P				V	·		
TITLE	TICH ISH	, FL. Dayo		DELETE	4.4 11-3	ir-zir	FAL	MBAY, FL. 8.		7.00			
NAME				Porcele	5 4 AME				f	Chang	e 🔲 Addition		
STREET ADDRESS					3.4	1000000							
					, v	ADDRESS		4000019	1589	54	ı		
CITY-ST-ZIP TITLE				DD5/F26	, and a second	T-ZIP		-08/08/9601	01301	0 _			
				DELETE	6: TLE	.		***61.25		Chang	e 🔲 Addition		
NAME					6: AME	, i							
STREET ADDRESS					v T	ADDRESS					ĺ		
CITY-ST-ZIP					6 ITY-S	T - Z1P							

14. I do hereby certify that the information supplied with this filing is voluntarily furnished ar certify that the information indicated on this annual report or supplemental annual repo cath; that I am an officer or director of the corporation or the receiver or trustee empo appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: ROBERT L. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further s true and accurate and that my signature shall have the same legal effect as if made under red to execute this report as required by Chapter 617, Florida Statutes; and that my name

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