

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001781 (2)

1. Corporation Name

FOUNDATION PARK PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

**250 GRASSLAND RD. SE
PALM BAY FL 32909**

**250 GRASSLAND RD. SE
PALM BAY FL 32909**

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

**ROBERTS, WILLIAM
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301**

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 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 **PD** ☐ DELETE
NAME **ADAMS, TOM**
STREET ADDRESS **11550 SR 507**
CITY-ST-ZIP **FELLSMER FL 32948**

TITLE **VP** ☒ DELETE
NAME **CAROTENS, JEROME G**
STREET ADDRESS **2100 HARRISON ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☒ DELETE
NAME **ROBERTS, WILLIAM J**
STREET ADDRESS **217 SOUTH ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Sec/Treasurer/Dir** ☒ Change ☐ Addition
1.2 NAME **Brian Nemeroff**
1.3 STREET ADDRESS **280 Salmon Drive**
1.4 CITY-ST-ZIP **Palm Bay, FL 32907**

2.1 TITLE **Vice Pres./Dir** ☒ Change ☐ Addition
2.2 NAME **Jodie H. Thompson**
2.3 STREET ADDRESS **939 Sable Circle SE**
2.4 CITY-ST-ZIP **Palm Bay, FL 32909**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **700001828347**
5.3 STREET ADDRESS **-05/20/96--01023--035**
5.4 CITY-ST-ZIP *****61.25**

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM ADAMS

4-26-96

Date

401-724-8009

Daytime Phone #

CR2E037 (12/95)

5-18-96