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Mar 31 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 # N95000005679 (4)

1. Corporation Name

THE ZEPHYR SPRINGS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

35438 JOMAR AVENUE  
ZEPHYRHILLS FL 33541

35438 JOMAR AVENUE  
ZEPHYRHILLS FL 33541-4639

3. Date Incorporated or Qualified  
11/29/1995

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, JACK  
35636 CLUBBER COURT  
ZEPHYRHILLS FL 33541

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	P	<input type="checkbox"/> DELETE
NAME	SIDOCK, ANDY	
STREET ADDRESS	35438 JOMAR AVENUE	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, JACK	
STREET ADDRESS	35636 CLUBBER CT	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ZINGER, FRED	
STREET ADDRESS	3624 RANGER PARKWAY	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAUMANN, RUTH	
STREET ADDRESS	35388 JOMAR AVE.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LETANG, CAROL	
STREET ADDRESS	35442 JOMAR AVE.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ross, Jack
2.3 STREET ADDRESS	35636 Clubber Ct
2.4 CITY - ST - ZIP	Zephyrhills Fl 33541
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cardoso, Hank
3.3 STREET ADDRESS	3526 Ranger Pkwy
3.4 CITY - ST - ZIP	Zephyrhills Fl 33541
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

3-24-97 (813) 788-4913

Date

Daytime Phone # 0045816

CR2E037 (9/96)