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**Mar 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N95000005976 (4)
1. Corporation Name
COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **5609 OAK RIDGE AVENUE NEW PORT RICHEY FL 34625**
Mailing Address: **5609 OAK RIDGE AVENUE NEW PORT RICHEY FL 34625**

3. Date Incorporated or Qualified: **12/19/1995**

4. FEI Number: **59-3369378**

21	2a. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *N/A*

9. Name and Address of Current Registered Agent
**SCOTT, KENNETH
5609 OAK RIDGE AVENUE
NEW PORT RICHEY FL 34625**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, KENNETH	1.2 NAME JOSEPH A. SCHALK
STREET ADDRESS	5609 OAK RIDGE AVENUE	1.3 STREET ADDRESS 5611 OAK RIDGE AVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34625	1.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACQUARD, STEVE	2.2 NAME KENNETH SCOTT
STREET ADDRESS	5609 OAK RIDGE AVENUE	2.3 STREET ADDRESS 5609 OAK RIDGE AVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34625	2.4 CITY-ST-ZIP NEW PORT RICHEY FL. 34652
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE SECOND VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESINGER, GLADYS	3.2 NAME STEVE ACQUARD
STREET ADDRESS	5621 OAK RIDGE AVENUE	3.3 STREET ADDRESS 5655 RIVERVIEW DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	3.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE THIRD VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, DONALD	4.2 NAME JOSEPH PILATO
STREET ADDRESS	5543 OAK RIDGE AVE.	4.3 STREET ADDRESS 5706 LOUISIANA AVE.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	4.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE SECRETARY-TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISKANEN, ALLI	5.2 NAME EDWARD SAGE
STREET ADDRESS	5646 OAK RIDGE AVENUE	5.3 STREET ADDRESS 5532 LOUISIANA AVE.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	5.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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: *Kenneth A Scott* **3-10-98**

CR2E037 (10/97)