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Mar 17, 1999 8:00 am
Secretary of State

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03-17-1999 90103 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005976

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
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2. Principal Place of Business 21 5611 OAK RIDGE AVE	2a. Mailing Address 26 5611 OAK RIDGE AVE	3. Date Incorporated or Qualified 12/19/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3369378
City & State 23 NEW PORT RICHEY, FL.	City & State 28 NEW PORT RICHEY, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34652	Country 25 PASCO	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 type="checkbox"/> DELETE	NAME SCHALK, JOSEPH A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5611 OAK RIDGE AVE	CITY-ST-ZIP NEW PORT RICHEY FL 34652	1.2 NAME	
TITLE VPD <input type="checkbox"/> DELETE	NAME SCOTT, KENNETH	1.3 STREET ADDRESS	
STREET ADDRESS 5609 OAK RIDGE AVE	CITY-ST-ZIP NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE SVPD <input type="checkbox"/> DELETE	NAME ACQUARO, STEVE	2.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5655 RIVERVIEW DRIVE	CITY-ST-ZIP NEW PORT RICHEY FL 34652	2.2 NAME	
TITLE TVPD <input type="checkbox"/> DELETE	NAME PILATO, JOSEPH	2.3 STREET ADDRESS 5655 RIVERVIEW DRIVE	
STREET ADDRESS 5706 LOUISIANA AVE	CITY-ST-ZIP NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652	
TITLE STD <input type="checkbox"/> DELETE	NAME SAGE, EDWARD	3.1 TITLE SYPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5532 LOUISIANA AVE	CITY-ST-ZIP NEW PORT RICHEY FL 34652	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS 5706 LOUISIANA AVENUE	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE TVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME LUKE, CARL	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS 5651 RIVERVIEW DRIVE	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME SCOTT, KENNETH	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS 5609 OAK RIDGE AVE	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Joseph A. Schalk SIGNATURE REQUIRED **3/15/99** (727) 847-3892
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)