


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000000588 (1)**
1. Corporation Name

COLLIER PARKWAY MAINTENANCE ASSOCIATION, INC.



| | | | | | |
|---|--|---|--|---|--|
| Principal Place of Business 1190 CLEVELAND STREET SUITE 300 CLEARWATER FL 34621-5 | | Mailing Address 1150 CLEVELAND STREET SUITE 300 CLEARWATER FL 34621-5 | | 3. Date Incorporated or Qualified 02/02/1996 | |
| | | | | 4. FEI Number NOT APPLICABLE | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 22. City & State | | 27. City & State | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23. Zip Country | | 28. Zip Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Zip | | 29. Zip | | 30. Zip | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STROHAUER, GARY N
1150 CLEVELAND STREET
SUITE 300
CLEARWATER FL 34615**

| | |
|--|------------------------|
| 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 _____ (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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURCAW, FREDERICK H | 1.2 NAME | |
| STREET ADDRESS | % SCARBOROUGH DRIVE AT S.R. 54 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ FL 33549 | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBOTT, EDWIN R | 2.2 NAME | |
| STREET ADDRESS | % SCARBOROUGH DRIVE AT S.R. 54 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ FL 33549 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZICH, JONATHAN | 3.2 NAME | |
| STREET ADDRESS | 2700 GOLF TO BAY BLVD. BLDG D | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34619 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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:  1/19/98 813-973-7553

CR2E037 (10/97)