FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600001575

DREW PARK PROPERTY LEAGUE, INC.

Principal Place of Business 1715 N WESTSHORE BLVD

23

24

Mailing Address

28

FILED Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90203 049 ****61.25

| 1715 N WESTSHORE BLVD SUITE 750 TAMPA FL 33607-3926 | 1715 N WESTSHORE BLVD SUITE 750 TAMPA FL 33607-3926 | |
|---|---|--|
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed 07/06/1992 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number Applied For Not Applied For Not Applicable |
| City & State | City & State | \$8.75 Additional |

| 9. Name and Address of Cu | irrent Registered Agent | t . | 10. Name and Address |
|---------------------------|-------------------------|---------|------------------------|
| 25 | 29 | 30 | Trust Fund Contribut |
| Country | Zip | Country | 6. Election Campaign F |

Fee Required \$5.00 May Be

Added to Fees

GRECO, FRANK J

| 1715 N WESTSHORE BLVD | 750 |
|-----------------------|-----|
| STE 750 | |
| rampa FL 33607 | |
| | |

| | | 14 Hattle and Addiess of from Registered Agent | | | |
|---|----|--|----|----------|--|
| Ī | 81 | Name | | | |
| ŀ | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| - | 83 | | | | |
| 1 | 84 | City | 85 | Zip Code | |

5. Certificate of Status Desired

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 | and the state of t | AOTE P | agetared Agent signification of | vuined when reinstation) DATE | | |
| 12. | Signature, types or printed name or registered agent and size it appreciate. (NOTE: Registered Agent appreciate that the size of printed name or registered agent and size of appreciate that the size of printed name or registered agent and size of appreciate that the size of printed name or registered agent and size of appreciate that the size of appreciate the size of appreciate that the siz | | | | | RS IN 12 |
| | | DELETE | 1.1 TITLE | | [7] Change | Addition |
| TITLE | D | □ beceie | | | | |
| NAME | SKAATES, LYDIA | | 1.2 NAME | | | |
| STREET ADDRESS | 4301 N TRASK STREET | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | | - Anii | |
| TITLE | D | ☐ DELETE | 2.1 TTLE | Treasures. | Change | ☐ Addition |
| NAME | LYNN, HELEN | | 2.2 NAME | Greasurer Helen Lynn H611 N. Hubert ave | | |
| STREET ADDRESS | 81 <u>11 BIVED CHORE DRI</u> VE | | 2.3 STREET ADDRESS | H611 N. Muller ave | | } |
| CITY-ST-ZIP | TAMPA FL | · | 2. 4 CITY-ST-ZIP | Danya the 33-61 | 4 | |
| TITLE | D | □ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | SUTOR, VIOLA | | 3.2 NAME | | | |
| STREET ADDRESS | 4102 N LAUBER WAY | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4. CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Change | ☐ Addition |
| NAME | JESSEN, DAVID L | | 4. 2 NAME | | | |
| STREET ADDRESS | 5014 HESPERIDES | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | | 4.4 CITY-ST-ZIP | | <u> </u> | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | · | Change | Addition |
| NAME | BITTMANN, CHRIS | | 5.2 NAME | | | |
| STREET ADDRESS | PO BOX 15423 N/A | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZiP | TAMPA FL | | 5.4 CITY-ST-ZIP | | | <u></u> |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| ADV AT 715 | | | 64 CITY+ST-ZIP | | | |

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.

IGNATURE:

| Chapter | Chapte