

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE).

APPROVED
AND
FILED

1997 OCT 17 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1996 3a. Date of Last Report

4. FEI Number Applied For
For Applicable

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

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N96000005088 (7)

1. Corporation Name

SCHUMANN COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1676 N US HWY 1
SEBASTIAN FL 32958

1676 N US HWY 1
SEBASTIAN FL 32958

2. Principal Place of Business

2a. Mailing Address

21 906 S. FLEMING ST.

26 P.O. Box 1049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SEB. FL

28 SEB. FL

Zip

Country

Zip

Country

24 32958

25 I R

29 32978

30 INDIAN ROCK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, HAROLD D
1676 N US HWY 1
SEBASTIAN FL 32958

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] HAROLD D. ADAMS 7/22/97
Signature of 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	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, HAROLD D	
STREET ADDRESS	1676 N US HWY 1	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	ADAMS, FRANCES J	
STREET ADDRESS	1676 N US HWY 1	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JOHN	
STREET ADDRESS	1676 N US HWY 1	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADAMS HAROLD D.	
1.3 STREET ADDRESS	906 S FLEMING ST.	
1.4 CITY-ST-ZIP	SEB. FL. 32958	
2.1 TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADAMS FRANCES J.	
2.3 STREET ADDRESS	906 S FLEMING ST.	
2.4 CITY-ST-ZIP	SEB. FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, unchanged, or on an attachment with an address.

CR2E037 (4/97)