FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400084717 (5)

ZEPHYR SPRINGS OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 14211 W. COLONIAL DR. 14211 W. COLONIAL DR. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787				4208				
						3. Date Incorporated or Qualified 11/15/1994	3a. Date of L	
2. Principal f	Prace of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
21		26				59-3279177		Not Applicable
Suite, Apt	#, etc.	Suite, Apt.				5. Certificate of Status Desired	1 1 7 7 7	75 Additional se Required
City & Sta	te	City & State	e			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	C	ountry		8. This corporation has liability for in		
24	25	29	30			Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agen	l .			10. Name and Address of New Reg	latered Agent	
	NCOCK, W. BRUCE			81	Name		i	
	408 CUMBERLAND AVE.				Street Addre	ddress (P.O. Box Number is Not Acceptable)		
000	OEE FL 34761							
1				83				
				84	City		FL 85	Zip Code
office or agent. La SIGNATURE	Signature, typed or probed name of regulered ag	gent and title it applicable.	(NOTE: Regist	ered Age		oration submits this statement for the pron's board of directors. I hereby accept the reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD HANCOCK, W. BRUCE	انا		1 TITLE]		☐ Chi	ange Addition
NAME	AND CHIMPEDI AND AVE		•	2 NAME				
STREET ADDRESS	OCOEE FL 34761			3 STAEET				
TITLE	DELETE			1 CITY - ST 1 TITLE	- ZIP		Ch	ange Addition
NAME				2 NAME	ļ		UIA	
STREET ADORESS				3 STREET .	ADDRESS			
CHY-ST-ZIF				4 CITY - S				
TITLE				1 TITLE			Ch	ange Addition
NAME			3	2 NAME				
STREET ADDRESS			3.	3 STREET	address			
CITY+ST-ZIP				4. CITY - S	T-ZIP			
TITLE			DELETE 4.	1 TITLE			Chi	ange Addition
NAME			4.	2 NAME				
STREET ADDRESS			4.	3 STREET	ADDRESS			
City-St-ZiP				4 CITY - S	T-ZIP			
TITLE			*	1 TITLE			☐ Ch	ange Addition
NAME			5.	2 NAME				
STREET ADDRESS			1	3 STREET	1			
DITY-ST-ZIP			5	4 CITY-S	F-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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or pryan attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 62 NAME

TITLE

NAME

STREET ADDRESS

DELETE

Willistuce Hancock

FILED

May 15 1997 8:00am

Secretary of State

Change Addition