## **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 # P96000053497 (9)

## **COOPERATIVE DEVELOPMENT ALLIANCE CORPORATION**

| Principal Place   | of Business   | Mailing Addr  | Mailing Address                              |  |  |   |  | <b>88</b>                          | 4013001                  |
|---|---|---|--|--|--|---|--|------------------------------------|--------------------------|
| 100 MADEIRA WAY<br>MADEIRA BEACH FL 33708                   |   | 100 MADEIRA WAY<br>MADEIRA BEACH FL 33708                   |  |  |  |   |  |                                    |                          |
|   |   |   |  |  |  |   | 3. Date Incorporated or Qualified 3a. 06/21/1996   | Date of Last Ro                    | port                     |
| 2. Principal Pl   | ace of Business   | 28. Mailing Address   |  |  |  |   | 4. FEI Number  | Apı                                | plied For                |
| 21  |   | 26  |  |  |  |   | 59-3395609   |                                    | t Applicable             |
| Sulte, Apt. (   | ₩, etc.   | Suite, Apt. #, etc.   |  |  |  |   | 5. Certificate of Status Desired   | \$8.75 A                           |                          |
| 22  |   | 27  |  |  |  |   |  | Fee Red                            |                          |
| City & State  | •   | City & State  |  |  |  |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00                             |                          |
| 23 Country  |   | Zip Country   |  |  |  |   |  |                                    |                          |
| Zip   | ——————————————————————————————————————  |   | <b>└</b>                                     | Country                                |  | 8. This corporation has liability for intangit Florida Statutes Yes |  | 199.032,                           |                          |
| 24 25 29 29 9, Name and Address of Current Registered Agent |   |   | nt   | 1301                                   | 10. Name and Address of New Registered Agent |   |  |                                    |                          |
|   |   |   |  |  | 81 Name                                      |   |  |                                    |                          |
|   |   |   |  |  | D11 4-1                                      | Add as 20 O. D. All and a Mark Assembly                             |  |                                    |                          |
|   | REASURE ISLAND CAUSEWAY SURE ISLAND FL 33706  |   |  |  | 82   | Street Ad   | Address (P.O. Box Number is Not Acceptable)  |                                    |                          |
| III   | SOME ISEANS IE SOLOS  |   |  |  | 83   |   | A  |                                    |                          |
|   |   |   |  |  |  |   |  | 1227 1477                          | S                        |
|   |   |   |  |  | 84   | City  | F  | 85 Zip C                           | >00e                     |
| 11. Pursuant to office or reagent. I as                     | o the provisions of Sections 607.0502<br>egistered agent, or bolh, in the State on<br>a familiar with, and accept the obligat | and 607.1508, F<br>If Florida, Such d<br>ions of, Section 6 | lorida Statut<br>hange was :<br>507.0505, Fl | es, the at<br>authorized<br>orida Stat | bove<br>by<br>utes                           | o-named co<br>the corpor  | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a | of changing its<br>ppointment as a | registered<br>registered |
| SIGNATURE   | Signature, typed or printed name of registered agent  | a dath dambad la  |  | 1. Despite                             |  | il dimini un roc  | quireo when reinstabling) DATE   |                                    |                          |
| 12.   | OFFICERS AND  |   | (DE)   | 1 Hogistere:                           | - Age  | rit signartre rec   | ADDITIONS/CHANGES TO OFFICERS A  |                                    | S IN 12                  |
| TITLE   | DELETE 1.13   |   | I) E   |  |  | Change  | ☐ Addition   |                                    |                          |
| NAME  | SHONTZ, PATRICIA J  |   |  | 1.2 N                                  |  |   |  |                                    |                          |
| STREET ADDRESS  | 100 MADEIRA WAY   |   |  | REEL                                   | ADDRESS                                      |   |  |                                    |                          |
| CITY-ST-ZIP   | MADEIRA BEACH FL 33708  |   |  | 1.4 CI                                 | CITY-ST-ZIP                                  |   |  |                                    |                          |
| TITLE   |   | L   | DELETE                                       | 2.1 10                                 | IL€  |   | ט/ט  | Charige                            | Addition                 |
| NAME  |   |   | 2.2 N  |  | ME.  |   | MARK HUBBARD<br>150 128 HAVE. W.   |                                    | ·                        |
| STREET ADDRESS  |   |   |  | 2351                                   | REFT   |   |  |                                    | !                        |
| CITY-ST-ZIP   |   |   |  | 2.40                                   | 17Y-5  | ST-7iP  | MADEIRA BEACH, FL  | 33708                              |                          |
| TITLE   |   |   | DELETE                                       | 3.1 1                                  | 1LF  | 1   | D/T  | Change                             | Addition                 |
| NAME  |   |   |  | 3 2 N/                                 | AME  |   | MARTHA T. BOOS   |                                    |                          |
| STREET ADDRESS  |   |   |  | 3 3 S1                                 | HEFT   | ADDRESS   | 120 FISHERMAN'S ALLES<br>MADEIRA BEACH, FL   | r                                  |                          |
| CITY-ST-ZIP   |   |   |  |  |  | ST ZIP  | MADEIRA BEACH, FL.   | 35708                              |                          |
| TITLE   |   | L.  | ] DELETE                                     | 4111                                   |  |   |  | Change                             | Addition                 |
| NAME  |   |   |  | 4.2 N                                  | AME  |   |  |                                    |                          |
| STREET ADDRESS  |   |   |  | 4.3 SI                                 | KEET   | ADDRESS   |  |                                    |                          |
| CITY-ST-ZIP   |   |   | Loriere                                      |  |  | T-ZIP   |  |                                    |                          |
| TITLE   |   | L   | ] DELETE                                     | 5.1 TI                                 |  |   |  | Change                             | ☐ Addition               |
| NAME  |   |   |  | 5.2 N/                                 |  |   |  |                                    |                          |
| STREET ADDRESS  |   |   |  |  |  | ADDRESS   |  |                                    |                          |
| CITY-ST-ZIP   |   | <del>-</del>  | DELETE                                       |  |  | 1 - ZIP   |  | Change                             | Addition                 |
| TITLE   |   | L   | ] DELETE                                     | 6.1 TI                                 |  |   |  | LJ Change                          | TT VOUCOU                |
| NAME  |   |   |  | 6.2 N                                  |  | A D Cultura Co  |  |                                    |                          |
| STREET ADDRESS  |   |   |  |  |  | ADDRESS   |  |                                    |                          |
| CITY-ST-ZIP   |   |   |  | . ■ 6.4 CI                             | IY-S   | T - 7IP   |  |                                    |                          |

4. 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 eath; that I am an officer or director of the corporation or the receiver or 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 on an attachment with an address.

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Marthi Do Das

HARTHA J. BOOS

5/1/97 (813) 39/6283

**FILED** 

May 14 1997 8:00am

Secretary of State

(2E034 (9/96)