

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728231 (2)

1. Corporation Name

COCOA BEACH TOWERS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**220 YOUNG AVE.
#15
COCOA BEACH FL 32931
US**

**220 YOUNG AVE
#15
COCOA BEACH FL 32931
US**

3. Date Incorporated or Qualified
12/07/1973

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTTO, MAURICE S
220 YOUNG AVENUE
#54
COCOA BEACH FL 32931**

81 Name

CHARLES HALGREEN

82 Street Address (P.O. Box Number is Not Acceptable)

220 YOUNG AVE. #22

83

84 City

COCOA BEACH

FL

85 Zip Code

32931

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

CHARLES HALGREEN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/14/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**M
NAME
STREET ADDRESS
CITY - ST - ZIP
ETHERTON, RUTH
511 INVERNESS
MELBOURNE FL**

1.1 TITLE ☒ Change ☐ Addition

**S
NAME
STREET ADDRESS
CITY - ST - ZIP
ETHERTON RUTH H.
511 INVERNESS
MELBOURNE, FL**

TITLE ☒ DELETE

**VPD
NAME
STREET ADDRESS
CITY - ST - ZIP
CHAPP, WILLIAM
630 S. BREVARD AVE. #1131
COCOA BEACH FL**

2.1 TITLE ☐ Change ☒ Addition

**PD
NAME
STREET ADDRESS
CITY - ST - ZIP
CHARLES HALGREEN
220 YOUNG AVE. #22
COCOA BEACH, FL**

TITLE ☒ DELETE

**PD
NAME
STREET ADDRESS
CITY - ST - ZIP
HUTTO, MAURICE S
220 YOUNG AVENUE #54
COCOA BEACH FL**

3.1 TITLE ☐ Change ☒ Addition

**VPD
NAME
STREET ADDRESS
CITY - ST - ZIP
PAULETTE CLARK
1118 OVERBROOK DR.
ORLANDO, FL.**

TITLE ☒ DELETE

**S
NAME
STREET ADDRESS
CITY - ST - ZIP
ARGEN, NICOLAS
220 YOUNG AVE #49
COCOA BEACH FL**

4.1 TITLE ☐ Change ☒ Addition

**TD
NAME
STREET ADDRESS
CITY - ST - ZIP
MICHAEL SOTAK
832 MAXWELL PL.
LANDSDALE, PA**

TITLE ☒ DELETE

**TD
NAME
STREET ADDRESS
CITY - ST - ZIP
DOCKRAY, EDWARD W
220 YOUNG AVENUE #30
COCOA BEACH FL**

5.1 TITLE ☐ Change ☒ Addition

**D
NAME
STREET ADDRESS
CITY - ST - ZIP
PAT WOJEWODA
830 N. atlantic ave. #1604
COCOA BEACH, FL.**

TITLE ☒ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael Sotak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL SOTAK

April 13, 1996

Date

Daytime Phone #

CR2E037 (12/95)