

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 220 YOUNG AVE. #15 COCOA BEACH FL 32831 US			Mailing Address 220 YOUNG AVE #15 COCOA BEACH FL 32831-3945 US		
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/07/1973 3a. Date of Last Report 04/22/1996	
4. FEI Number 59-1568144		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent CHARLES HALGREEN 220 YOUNG AVE. 22 COCOA BCH FL 32831			10. Name and Address of New Registered Agent 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 <u>Charles Halgreen, President</u> (NOTE: Registered Agent signature required when filing change) DATE <u>3/09/97</u>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP S ETHERTON RUTH H. 511 INNERNESS MELBOURN FL			1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP S EUGENE WOJEWOOD 830 N. ATLANTIC AVE. 1604 COCOA BEACH, FL. 32931		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CHARLES HALGREEN 220 YOUNG AVE. 22 COCOA BCH FL			2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD WILLIAM CHAPP 630 S. BREVARD AVE. # 1131 COCOA BEACH, FL. 32931		
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD PAULETTE CLARK 1118 OVERBROOK DR. ORLANDO FL			3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD WILLIAM CHAPP 630 S. BREVARD AVE. # 1131 COCOA BEACH, FL. 32931		
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MICHAEL SOTAK 832 MAXWELL PL. LANDSDALE PA			4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TD EOWARD DOCKRAY 220 YOUNG AVE. #30 COCOA BEACH, FL. 32931		
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D PAT WOJEWODA 830 N. ATLANTIC AVE. 1604 COCOA BCH FL			5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D RUTH ETHERTON 511 INNERNESS MELBOURN, FL.		
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE			6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		

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 if changed, or on an attachment with an address.

SIGNATURE Charles Halgreen, President DATE 3/29/97 790-1212

CR2E037 (9/96)