## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

729232

(9)

BOCA CIEGA POINT EAST NINETEEN CONDOMINIUM CORPO RATION, INC.

Principal Place	of Business	Mailing Address	SS .				
275 BOCA CIEGA POINT BLVD. 275 BOCA CIEGA I							
SI. PETERSE	URG FL 33708	ST. PETERSBURG FL	33708			Tai a d	
					3. Date Incorporated or Qualified 04/03/1974	3a. Date of Le 05/01	est Report <b>I/1995</b>
2. Principal Pk	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1561112		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State	)	City & State	,		Election Campaign Financing     Trust Fund Contribution		.00 May Be
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for in	····	
<u> </u>	9. Name and Address of Cui		1301		10. Name and Address of New Re		
			- 8	1 Name		<b>3</b>	
EEVEDY	TION OF BOOK CIEGA DT C	UNIDO INO	-				
	tion of Boca Ciega Pt Ci Ca Ciega Point Blyd	UNDO, INC.	8	2 Street Ac	dress (P.O. Box Number is Not Acceptable	<del>3</del> }	
	ERSBURG FL 33708		8	3			
01.161	LINODONO I E 337VO		ļ_				
			8	4 City		FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 617.0	502 and 617.1508, Florida Statut	tes, the above	n-named corp	poration submits this statement for the purp	<del> </del>	ts registered office
or register familiar wit	ed agent, or both, in the State of F	llorida. Such change was authori: Section 617 0503. Florida Statute:	zed by the co	rporation's bo	poration submits this statement for the purpoper of directors. I hereby accept the appo	intment as register	red agent. I am
	in a la accept the congations of, c	, colloir o 17.0000, 110/104 Blackto.	J.				
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (N	OTE: Registered A	jent signature requ	ired when reinstating)	DATE	- <del></del>
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12
TITLE	TD 5	DELETE	1.1 TITL			Chang	ge 🔲 Addition
NAME	LEROY, MADELINE		1.2 NAM	E			
STREET ADDRESS	166 BOCA CEIGA PT. BLV	D. S.	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CiTY				
TITLE	PD	<b>ID</b> OELETE	2.1 TITL		VPD	Chang	ge 🔲 Addition
NAME	HEARNE, JULIAN		2.2 NAM	E   5	Sigfred Wilkholm 175 Boca Ciega Pr	<b>7</b> .	
STREET ADDRESS	174 BOCA CEIGA PT. BLV	D. SOUTH	2.3 STRE	ET ADDRESS   •		. B1	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CiTY	-ST-ZIP	St. Pete. FL		
TITLE	DP	DELETE	3.1 TITL		Frey, Al	<b>⊈</b> €han(	ge Modition
NAME	WALTMIRE, BETTY		3.2 NAM	E 🚾	275-Boda Crega	P+ Bu	
STREET ADDRESS	186 BOCA CIEGA PT BLV	D SOUTH	3.3 STRE	ET ADDRESS	7 /2 Book C. C. S.		
CITY-ST-ZIP	ST. PETERSBURG FL			'-ST-ZIP	ST. Pete. FL		
TITLE		DELETE	4.1 TITLI			Chang	ge 🔲 Addition
NAME			4. 2 NAN				
STREET ADDRESS				et address			
CITY-ST-ZIP		DELETE		- ST - ZIP		☐ Chang	na 🗀 Addition
THILE			5.1 TITL			unang	ge 🔲 Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CiTY 6.1 TiTL			☐ Chang	ga Addition
TITLE		Tintreit		1		☐ cuan	y. 🗀 Madulioti
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	v certify that the information suppli	ed with this filing is voluntarily fun	6.4 City nished and do		y for the exemption stated in Section 119.0	7/3)(k) Florida Str	atutes I further
certify that oath; that	the information indicated on this a	annual report or supplemental and progration or the receiver or truste	nual report is : se empowere	true and accu	rate and that my signature shall have the s this report as required by Chapter 617, Flo	same legal effect a	is if made under

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 Date (

813)398-1270