

**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 # 731603 (7)

1. Corporation Name

COMMUNITY CONDOMINIUM SERVICES, INC.



Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD  
VERO BEACH FL 32963

1 TURTLE BEACH ROAD  
VERO BEACH FL 32963

3. Date Incorporated or Qualified  
01/11/1975

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1570442

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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

ROSE, MR. MICHAEL L.  
1 TURTLE BEACH ROAD  
VERO BEACH FL 32963

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L.	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY - ST - ZIP	VERO BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DONOVAN, RICHARD	
STREET ADDRESS	#196 1000 BEACH ROAD	
CITY - ST - ZIP	VERO BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARKER, JOHN E.	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY - ST - ZIP	VERO BCH, FL 00000	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	FLAHERTY, THOMAS J	
STREET ADDRESS	400 OCEAN ROAD, APT. 175	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARNARD, DOUGLAS F	
STREET ADDRESS	100 OCEAN ROAD, APT. 110	
CITY - ST - ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cassady, James R.	
6.3 STREET ADDRESS	600 Beach Road - #237	
6.4 CITY - ST - ZIP	Vero Beach, FL 32963	

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 L. Rose

April 16, 1996 407-231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)