

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 # 732588 (9)

1. Corporation Name

ENVOY POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7100/7150 SUNSET WAY
ST PETERSBURG FL 33706
US

10033 9TH ST. N.
2ND FLOOR
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified
04/28/1975

3a. Date of Last Report
07/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1724179

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSBURN BILLY K
RAMPART PROPERTIES INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716**

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 **P** ☐ DELETE
NAME **GRANT, BARRY**
STREET ADDRESS **7100 SUNSET WAY 3502W**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **GRANT, BARRY**
1.3 STREET ADDRESS **10033 9TH ST. N.**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **VP** ☐ DELETE
NAME **LINDGREN, DELORES**
STREET ADDRESS **205 N. RIDGE #K2**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

2.1 TITLE **O** ☒ Change ☐ Addition
2.2 NAME **LINDGREN, DELORES**
2.3 STREET ADDRESS **10033 9TH ST. N.**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **T** ☐ DELETE
NAME **WERNLI, PAUL**
STREET ADDRESS **7150 SUNSET WAY #302E**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **WERNLI, PAUL**
3.3 STREET ADDRESS **10033 9TH ST. N.**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **S** ☒ DELETE
NAME **GORNER, GALE**
STREET ADDRESS **506 SANDY HOOK RD.**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

4.1 TITLE **V.P.** ☐ Change ☒ Addition
4.2 NAME **JAMES BISSETT JAMES**
4.3 STREET ADDRESS **10033 9TH ST. N.**
4.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **D** ☒ DELETE
NAME **ZUKAS, FRANK SR**
STREET ADDRESS **7150 SUNSET WAY 805E**
CITY-ST-ZIP **ST PETERSBURG BEACH FL**

5.1 TITLE **S.** ☐ Change ☒ Addition
5.2 NAME **SAINATO, SANDY**
5.3 STREET ADDRESS **10033 9TH ST. N.**
5.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE **D** ☒ DELETE
NAME **OTREMBIA, LOUIS J**
STREET ADDRESS **7100 SUNSET WAY #607W**
CITY-ST-ZIP **ST. PETE BCH. FL 33706**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **WERNLI, LOUIS**
6.3 STREET ADDRESS **10033 9TH ST. N.**
6.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)