FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

THE STATE OF THE PROPERTY OF T

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

737876

(3)

AI DFA	CONDOMINIUM ASSOC	IATION, INC.

Principal Place	e of Business	Mailing Address		L CONTROL CONTROL STATE CONTROL CONTROL	Biet Bhati miðit Biati áfall afall áfall fibli	
2100 GUILF BLVD. A2 BELLEAIR BCH FL 24635		%2700 EAST BAY OR SUITE 107 LARGO EL GARAL	SUITE 107 LARGO FL GIGHT NEW ZIP US			
NEW ZIP		US			3a. Date of Last Report 03/18/1996	
	lace of Business	2a. Mailing Address		4. FEI Number 59-1733848	Applied For	
21 Suite, Apt.	# elc	26 Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	 		\$5.00 May Be	
23 Zip	Country	Zin	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees	
24 33'	785 25	29 Zip 33771 3			Yes No	
	9. Name and Address of Curre			10. Name and Address of New Re		
			81 Name			
COMMONS, RICHARD C.			82 Street	Address (P.O. Box Number is Not Acceptab	ile)	
	2700 EAST BAY DR SUITE 107			·		
LARGO FL \$4641			83			
	33771 ←	- New zip	84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for the p	urpose of changing its registered	
l office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	thorized by the cor	poration's board of directors. I hereby accer	it the appointment as registered	
SIGNATURE	,				•	
	Signature, typed or printed name of registered a			e required when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
NAME	MILL, S RICHARD	LJ DELENE	1.2 NAME	D/T	Cuante (Throughout	
STREET ADORESS	9183 WATERASH LANE		1.3 STREET ADORESS	MILLS, RICHARD	1	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	zip = 33	3782	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CULP, JAMES H.		2.2 NAME			
STREET ADDRESS	4519 WATROUS AVE		2.3 STREET ADDRESS	• .		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	Z17 =	33696	
TITLE	TD	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	MCCORMICK, HUGH 2100 GULF BLVD A-11		3.2 NAME			
STREET ADDRESS	BELLEAIR BCH, FL 0		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VD	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME	KATZ, MARILYN		4. 2 NAME			
STREET ADDRESS	13224 106TH ST. NO.		4.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL		4.4 CITY - ST - ZIP	ZiP =	33774	
TITLE	SD	☐ DELETE	5.1 TITLE		Change Addition	
NAME	JAMES, BILL		5.2 NAME			
STREET ADDRESS	22 LADOGA AVENUE		5.3 STREET ADDRESS	-: 0 - 9	22/0/	
CITY-ST-ZIP	TAMPA FL	□ priere	5.4 CITY-ST-ZIP	710:	33606 Madeille	
TITLE	D KOCH, DR. ROBER	DELETE	6.1 TITLE		Change M Addition	
NAME STREET ADDRESS	2100 Gulf Br	VD # A- 2	6.2 NAME 6.3 STREET ADDRESS	< ∠ see		
CITY-ST-ZIP	BELLEAIR BEACH		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	,		
14. I do herel	by certify that the information suppl	ied with this filing does not qualify	for the exemption :	stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
i informatic	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 path; 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 chapters, or on an attachment with an address.						

CICCORICHARO B. MILLS 1-16-97
BIGNING OFFICER OR DIRECTOR