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 #

740585

(5)

DIMAWAY	DAV	CONDOMINIUM	ACCOCIATION	IMIC
TAMMIUN	DAT	CONDOMINIOM	ASSUCIATION.	INU:

Principal Place of Business Mailing Address					1		i 01011 01011 9505 1031
1801 NORTH	I GULF DR	1801 NORTH GULF DR					
BRADENTON US	l FL 34217	BRADENTON FL 34217					
US		US		3	Date Incorporated or Qualified	3a. Date of	Last Report
					Date Incorporated or Qualified 10/2 1/1977	3a. Date of 03/2	8/1995
Principal Place of Business		2a. Mailing Address			- FEI Number 59-1799124	1	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.			35 17 55 124		Not Applicable
22		27		5	Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6	Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution		Added to Fees
24	25	<u>├</u>	30	°	 This corporation has liability for Florida Statutes 	intangible tax und ☐ Yes ☐ No	ler s. 199.032,
	9. Name and Address of Curre			10	. Name and Address of New F		t
			81 Nar	me			
MAZZA, GEORGE G.			82 Stre	eet Address (F	O. Box Number is Not Acceptab	ole)	
	ulf drive North Nton Beach FL 34217						
DIVADEN	TION BEACH FL 34217		83				
			84 City	/		85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the above-named	d corporation s	submits this statement for the pur	rpose of changing	its registered office
Or registe	ered agent, or both, in the State of Flori with, and accept the obligations of, Sec	ica. Such chance was authorized	by the corporation	n's board of d	lirectors. I hereby accept the app	ointment as regist	ered agent. I am
SIGNATURE		The second secon					
	Signature, typed or printed name of registered agen		Registered Agent signat	ure required when r		DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE NAME	WALKER, LEWIS	☐ DELETE	1.1 TITLE			Cha	inge 🔲 Addition
STREET ADDRESS	1801 NORTH GULF DR., UNI	Γ 184	1.2 NAME				
CITY-ST-ZIP	BRADENTON BEACH FL	, 101	1.3 STREET ADDRE	SS			
TITLE	D	-SOETE	14 CITY-ST-ZIP	2		Chai	nge Maddition
NAME	GROPP, PETER		2.2 NAME		E RODRIQU		ige Baution
STREET ADDRESS	10307 WATERBIRD WAY		2.3 STREET ADDRES		GULF DR. NO		a
CITY-ST-ZIP	BRADENTON BEACH FL		2.4 CITY-ST-ZIP		DENTON, BER		
TITLE	S	DELETE	3.1 TITLE			Char	nge 🗍 Addition
NAME	MCGRATH, FRANK		3.2 NAME			_	_
STREET ADDRESS	1705 SHERWIN		3.3 STREET ADDRES	ss			
CITY-ST-ZIP	CHICAGO IL		3 4. CHTY: ST-ZIP				
TITLE	PD	□ DELETE	4 1 TITLE	-		Char	nge 🔲 Addition
NAME	HAM, LADY G.		4 2 NAME	İ			
STREET ADDRESS	311 W. PABLO ST.		4.3 STREET ADDRES	SS			
CITY-ST-ZIP	LAKELAND FL		4.4 CITY - ST - ZIP				
TITLE	S Chapman, Janet	DELETE	5.1 TITLE			Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS	2615 6TH STREET, EAST BRADENTON FL		5.3 STREET ADDRES	SS			
CITY-ST-ZIP	VP	[*]pciere	5.4 CITY - ST - ZIP			-	
TITLE	DINSHADE DAREDT	DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME	1634 CO. CLIDDEV LANE 3	948 MARINER'S	6.2 NAME				
STREET ADDRESS	1634 SO: SURREY LANE 3 SARLINGTON HEIGHTS IL &	ALD FLY	63 STREET ADDRES	SS			
14. I do hereb	ov certify that the information supplied	アモロス F / ラタス/3 with this filing is voluntarily furnish	64 CITY-ST-ZIP	qualify for the	everyation stated in Continu 110	07(0)(1) Findle 0	15 de .

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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

CR2E037 (12/95)