

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740585 (5)

1. Corporation Name
RUNAWAY BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1801 NORTH GULF DR BRADENTON FL 34217 US
-1801 NORTH GULF DR
-BRADENTON FL 34217-2916
US

3. Date Incorporated or Qualified 10/21/1977
3a. Date of Last Report 03/26/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 PO Box 10674

4. FEI Number 59-1799124
Applied For Not Applicable

22 City & State 27 City & State
Bradenton FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 28 Country
34282 US

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country
34282 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~MAZZA, GEORGE G.~~
~~1801 GULF DRIVE NORTH~~
~~BRADENTON BEACH FL 34217~~

10. Name and Address of New Registered Agent
81 Name C&S Condominium Management Services
82 Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St W
83 Suite C7
84 City Bradenton FL 85 Zip Code 34205

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 obligation of Section 617.0503, Florida Statutes.

SIGNATURE *Chris Pano* DATE 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|---------------------------------|--|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WALKER, LEWIS | |
| STREET ADDRESS | 1801 NORTH GULF DR., UNIT 184 | |
| CITY-ST-ZIP | BRADENTON BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, JOSE | |
| STREET ADDRESS | 1801 GULF DR NO #212 | |
| CITY-ST-ZIP | BRADENTON BEACH FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCGRATH, FRANK | |
| STREET ADDRESS | 1705 SHERWIN | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HAM, LADY G. | |
| STREET ADDRESS | 311 W. PABLO ST. | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | DINSMORE, ROBERT | |
| STREET ADDRESS | 1634 SO. SURREY LANE | |
| CITY-ST-ZIP | ARLINGTON HEIGHTS IL | |
| TITLE | | <input checked="" type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | T/D | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | S/D | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | VP/D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.2 NAME | Betty Baum | | |
| 4.3 STREET ADDRESS | 1801 Gulf Dr N #292 | | |
| 4.4 CITY-ST-ZIP | Bradenton Beach FL 34217 | | |
| 5.1 TITLE | D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.2 NAME | Larry Kapasser | | |
| 5.3 STREET ADDRESS | 1801 Gulf Dr N | | |
| 5.4 CITY-ST-ZIP | Bradenton Beach FL 34217 | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laura Williams* 3-30-97

CR2E037 (9/96)