FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:06

DOCUMENT # 743315 (4)

1. Corporation Name

C. & C. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24444 OAKLAND PK FL 33307	P.O. BOX 24444 OAKLAND PK FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1978
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1977930 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GULLIKSEN, GEORGE
6 COVENTRY WAY
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	~~PD~~ D	☒ Change ☐ Addition
NAME	GULLIKSEN, GEORGE	12 NAME	~~MAHLER, AMANDA~~	
STREET ADDRESS	6 COVENTRY WAY	13 STREET ADDRESS	~~661 CYPRESS LANE~~	
CITY-ST-ZIP	WILTON MANORS FL	14 CITY-ST-ZIP	~~Wilton Manors, FL 33305~~	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HOLT, ELIZABETH	22 NAME		
STREET ADDRESS	656 KENSINGTON PL	23 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE	D	☒ Change ☐ Addition
NAME	MILLENBRUCH, BARBARA	32 NAME		
STREET ADDRESS	678 KENSINGTON PL	33 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	PIERCE, SANDRA	42 NAME		
STREET ADDRESS	650 KENSINGTON PL.	43 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL	44 CITY-ST-ZIP		
TITLE	DS	51 TITLE	DS/DP	☒ Change ☐ Addition
NAME	MAHLER, AMANDA	52 NAME		
STREET ADDRESS	661 CYPRESS LANE	53 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	DV	☐ Change ☒ Addition
NAME		62 NAME	STONES, Robert	
STREET ADDRESS		63 STREET ADDRESS	668 Kensington PL	
CITY-ST-ZIP		64 CITY-ST-ZIP	Wilton Manors FL 33305	

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: Amanda Pierce, Treasurer 4/4/95 305-467-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0048809