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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33307-4444

3. Date Incorporated or Qualified: 06/19/1978
3a. Date of Last Report: 03/11/1996

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

4. FEI Number: 59-2266146 ☐ 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

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 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 _____ 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GULLIKSEN, GEORGE		1.2 NAME	
STREET ADDRESS	6 COVENTRY WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, ELIZABETH		2.2 NAME	
STREET ADDRESS	656 KENSINGTON PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLENBRUCH, BARBARA		3.2 NAME	
STREET ADDRESS	678 KENSINGTON PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, SANDRA		4.2 NAME	
STREET ADDRESS	650 KENSINGTON PL.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		4.4 CITY-ST-ZIP	
TITLE	DPS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAHLER, AMANDA		5.2 NAME	
STREET ADDRESS	661 CYPRESS LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		5.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STONES, ROBERT		6.2 NAME	
STREET ADDRESS	668 KENSINGTON PL		6.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Sandra Pierce SANDRA Pierce 1/8/97 954-467-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035783