FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN 'OF STATE Sandra B. Marijarn .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

745179

(2)

THE LITTLE MERMAID CONDOMINIUM ASSOCIATION, INC

FILED Mar 03 1998 8:00am Secretary of State

	ITTLE MEHMAID CONDOMI			
Principal Plac	ce of Business	Mailing Address		s sould come brand Atter statt towns and along dien, and a serie and the
		181 COMMERCE STREET Naples Fl. 1884 341	08	Date Incorporated or Qualified 12/11/1978
•				4. FEI Number Applied For
				65-0643118 Not Applicable
21	Place of Business	2a. Mailing Address 28		Certificate of Status Desired Sa.75 Additional Fee Required
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27 City & State City & State			Trust Fund Contribution Added to Fees	
23	de .	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 34	1/08 25	ا لامین شا	10	Personal Property Tax due June 30. Yes No
-	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
81 Namen 1 D. Sea (a)				
FALK, STEVEN M ESQ. B2 Street				Jess (P.O., Box Number is Not Acceptable)
850 PARK SHORE DRIVE			82 Street Add	South Bay Drive - Unit3
THIRD I			83 1/	1.
1	S FL 34103		N A4	D/RS.
	7 1 2 0 7 10 0		84 City N 27	n be F1 == 85 301000
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named conforation submits this statement for the purpose of changing its registered				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named conforation 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.				
1/28/48				
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TOTUE	Change Addition
NAME	BIANCHI, JOSEPH		1.2 NAME	
STREET ADDRESS	181 SOUTH BAY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY - ST - ZIP	
TITLE	TSD	DELETE	2.1 TITLE	Change Addition
NAME	BIANCHI, MARY	•	2.2 NAME	
STREET ADDRESS	1.81 South Bay Dri	re	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	2.00	2.4 CITY-ST-ZIP	
TITLE	VD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BALLARD, JAMES		3.2 NAME	
STREET ADDRESS	469 CARICA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	DELETE	S.4. CITY-ST-ZIP	Change Addition
	VA	☐ vcccit	4.1 TITLE	
NAME	Maria Biznchi		4. 2 NAME	
STREET ADDRESS	181 SOUTH BOY DE	ve.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Napies, F1. 3410	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE				C \ 20
NAME CTREET ADORESS			5.2 NAME	27 m/98
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
			6.2 NAME	J. Control
NAME STREET ADDRESS			6.3 STREET ADDRESS	\rightarrow \mathfrak{h} . \sim
STREET ADDRESS			0.3 STREET ADURESS	1100/01/201

14. I 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:

Mary & Brand

1/20/98