FILE NOW: FILING FEE IS \$61.25 FILED

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 04, 1999 8:00 am Secretary of State

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1. Corporation Name

THE LITTLE MERMAID CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address	_
181 COMMERCE STREET NAPLES FL 34108	181 COMMERCE STREET NAPLES FL 34108US	

			,			ļ				
2.	Principal Place of Business	2a	Mailing Address			3.	Date Incorporated or Qualifed			
21		26	li			ļ	12/11/1978			
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4.	FEI Number		_ [Applied For
22	•	27					65-0643118			Not Applicable
	City & State	L	City & State			5	Certifcate of Status Desired			.75 Additional
23		28					Certificate of States Desired		F	ee Required
	Zip Country	Ĺ	Zip Co	ountry		6.	Election Campaign Financing	[7]	\$:	5.00 May Be
24	25	29	30			_	Trust Fund Contribution	<u></u>	A	dded to Fees
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name					•
	BIANCHI, MARY L 181 SOUTH BAY DRIVE JUNIT 3			82	Street Addres	ss (F	O. Box Number is Not Accepta	ble)		
	NAPLES FL 34108		,	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	E: Registered Agent signature rec	uite du dan salastation	DATE		
12.	OFFICERS AND DIRECTORS	13.		ES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BIANCHI, JOSEPH	1.2 NAME	4 3			
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	181 SOUTH BAY DRVIE	2.3 STREET ADDRESS				ļ
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP				
TITLE	VO DELETE	3.1 MTLE			Change	Addition
NAME.	BIANCHI, MARIA	3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				İ
CITY-ST-ZIP	NAPLES FL 34108	3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE			☐ Change	Addition
NAME	• •	4. 2 NAME				~~ ·
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP	1	4.4 CITY-ST-ZIP		·		
TITLE	☐ DELETE	5.1 TITLE			· 🔲 Change	☐ Addition
NAME		5.2 NAME				ł
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		6.2 NAME	,			. (
STREET ADDRESS		6.3 STREET ADDRESS			,	. }
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND STEED WATER OF SIGNING OFFICER OF DIRECTOR

1/19/99 941-591-0195

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