

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 755647
1. Corporation Name
LaCoquina Condominium Association, Inc.

Principal Place of Business Mailing Address
14401 Gulf Blvd. **c/o Seaboard Arbors**
Madeira Beach, FL **Management Services**
33708 **1120 Pinellas Bayway, #107**
Tierra Verde, FL 33715

2. Principal Place of Business 2a. Mailing Address
21 **14401 Gulf Boulevard** 26 **1120 Pinellas Bayway**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 107**
City & State City & State
23 **Madeira Beach, Florida** 28 **Tierra Verde, Florida**
Zip Country Zip Country
24 **33708** 25 **U.S.A.** 29 **33715** 30 **U.S.A.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number **59-3255533** 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

9. Name and Address of Current Registered Agent
Andra Todd Dreyfus, P.A.
311 South Missouri Avenue
Clearwater, Florida 34616

10. Name and Address of New Registered Agent
81 Name **Lennard A. Leighton**
82 Street Address (P.O. Box Number is Not Acceptable) **1700 McMullen-Booth Road, Suite C3**
83
84 City **Clearwater** FL 85 Zip Code **34619**

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 *Andra Todd Dreyfus* 4/29/95
Signature, typed name and title of registered agent and the date of appointment. Registered Agent signature required upon re-filing. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	P D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Victor L. Palermo
STREET ADDRESS		13 STREET ADDRESS	16 Country Club Drive
CITY-ST-ZIP		14 CITY-ST-ZIP	Islington, Ontario, Canada M9A 3J4
TITLE		21 TITLE	S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Kenneth I. Gertner
STREET ADDRESS		23 STREET ADDRESS	16 Country Club Drive
CITY-ST-ZIP		24 CITY-ST-ZIP	Islington, Ontario, Canada M9A 3J4
TITLE		31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Joe Brocato
STREET ADDRESS		33 STREET ADDRESS	2608 51st Street North
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, Florida 33619
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	800001540098
NAME		52 NAME	-07/18/95--0104
STREET ADDRESS		53 STREET ADDRESS	****155.00 ****155.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information 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, 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, whichever is applicable, with an address.

SIGNATURE: *Victor Palermo* **Victor Palermo** 6/14/95
Signature, typed name and title of reporting officer or director. DATE