

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755818

1. Corporation Name

VEL GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2395 HARBOR BLVD.
PORT CHARLOTTE FL 33952

Mailing Address

2395 HARBOR BLVD.
PORT CHARLOTTE FL 33952



3. Date Incorporated or Qualified
01/09/1981

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

26 PO BOX 4218

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

PORT CHARLOTTE FL

24 Zip

25 Country

29 Zip

33949

30 Country

4. FEI Number
59-2286974

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

10. Name and Address of New Registered Agent

INGELS, EILEEN
2000 TAMiami TRAIL
UNIT 219
MURDOCK FL 33948

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GLORIUS, MARTHA
STREET ADDRESS 2395 HARBOR BLVD., #302A
CITY-ST-ZIP PORT CHARLOTTE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME LICASTRO, GLORIA A.
STREET ADDRESS 2395 HARBOR BLVD #311A
CITY-ST-ZIP PORT CHARLOTTE, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LARSON, LAWRENCE
STREET ADDRESS 2395 HARBOR BLVD., 211A
CITY-ST-ZIP PORT CHARLOTTE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JOHNSON, GENIEVE
STREET ADDRESS 2395 HARBOR BLVD. #315B
CITY-ST-ZIP PORT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WEGMAN, NORMA
STREET ADDRESS 2395 HARBOR BLVD #309
CITY-ST-ZIP PORT CHARLOTTE FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D HASSE, EDWARD
5.3 STREET ADDRESS 1501 HARMONY DRIVE
5.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ DELETE
NAME GILLETTE, ELOISE
STREET ADDRESS 2395 HARBOR BLVD. #104A
CITY-ST-ZIP PORT CHARLOTTE FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D SZYMCAK, PAT
6.3 STREET ADDRESS 2395 HARBOR BLVD
6.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

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: *Martina L. Glorius*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96
Date

941-629-8190
Daytime Phone #

CR2E037 (12/95)