FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 756236

(6)

PROMENANCE	WEST	CONDOMINIUM ASSOCIATION.	INIC
LUCINICINATICS	AALUI	CUNDUMINIUM ASSULIATIUM.	INI

Principal Place of Business	Mailing Address				BANT BURUL BURUL BURNE BURNE BURUT BURUL HABI
3006 CARING WAY PORT CHARLOTTE FL 33952	3006 CARING WAY PORT CHARLOTTE FL	33952			
				3. Date Incorporated or Qualified 02/06/1981	3a. Date of Last Report 04/12/1995
Principal Place of Business Section	2a. Mailing Address			4. FEI Number 59-2149242	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		·····	33 2 143242	Not Applicable
22	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		8. This corporation has liability for in	·
24 25	29	30			≸ Yes □ No
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	egistered Agent
DOVEC OHADICO T		81	Name		
BOYLE, CHARLES T. 115 W. OLYMPIA AVE.			Street	Address (P.O. Box Number is Not Acceptable	0)
PUNTA GORDA FL 33950		83			·
		84	City		85 Zip Code
11 Pursuant to the provisions of Sections 617 A	500 and 617 1500 Flacida Otal 4	- Ab (s			
 Pursuant to the provisions of Sections 617.0: or registered agent, or both, in the State of F familiar with, and accept the obligations of, S 	lorida. Such change was authoriza ection 617.0503, Florida Statutes	ed by the corp	named co oration's	orporation submits this statement for the purp board of directors. I hereby accept the appo	ose of changing its registered office intrient as registered agent. I am
SIGNATURE					
Signature, typod or printed name of registered a 12. OFFICERS.	gent and title if applicable. (NO AND DIRECTORS		t signature n	squired when reinstating)	DATE
TITLE P	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME MILLER, MAX	Moccen	ľ		P	Change Addition
STREET ADDRESS 312 PROMENADES WEST		1.2 NAME	4000000	SHELT, CHARLES	
CITY-ST-ZIP PORT CHARLOTTE FL		1.3 STREET 1.4 CITY-S		616 PROMENADES WES	3T
TITLE V	DELETE	2.1 TITLE	1 - ZIP	PORT CHARLOTTE FL.	Change Addition
NAME SHELT, CHARLES		2.2 NAME		•	Change Maddion
STREET ADDRESS 616 PROMENADES WEST		2.3 STREET	AUDBESS	HANSEN, E. BAY	
DITY-ST-ZIP PORT CHARLOTTE FL		2 4 CITY-S		251 TAIT TERRACE PORT CHARLOTTE FI	
TITLE SD	▼ DELETE	3.1 TITLE	., 211	<u>PORT CHARLOTTE FI</u> SD	Change X Addition
NAME FLOWER, KENNETH	-	3.2 NAME		ASMUS, RUTH	
STREET ADDRESS 420 PROMENADES WEST		3.3 STREET	ADDRESS	503 PROMENADES WES	ST
CITY-ST-ZIP PORT CHARLOTTE FL		3 4. CITY - S	1-ZIP	PORT CHARLOTTE FL	
TITLE	DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME SCHAEFFER, DON		4. 2 NAME			
STREET ADDRESS 516 PROMENADES WEST		4.3 STREET	address		ļ
CITY-ST-ZIP PT. CHARLOTTE FL		4.4 CHTY - S	I-ZIP		l
TITLE D	DELETE	5.1 TITLE	1		Change Addition
NAME MURRAY, JOHN		5.2 NAME			
STREET ADDRESS 3245 PEACE RIVER DRIVE		5.3 STREET	ADDRESS		
CITY-SI-ZIP HARBOUR HEIGHTS FL	f-lar. rea	5.4 CITY - ST	r-ZIP		
DAME ADTUID	DELETE	6.1 TITLE			Change Addition
NAME DAVIS, ARTHUR		62 NAME	1		
STREET ADDRESS 603 PROMENADES WEST PT. CHARLOTTE FL		63 STREET			
14. I do hereby certify that the information supplie	d with this filing is voluntarily furni	6.4 CiTY-S1 shed and does	not qual	ify for the exemption stated in Section 110.0	7/3/k) Florida Statutos 14 other

certify that the information indicated on this 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 a payerss.

SIGNATURE:

Treas - 3-28-96 941-627-0192