

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758981 (5)
1. Corporation Name
LE SCAMPI CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1800 GULF BLVD.
INDIAN SHORES FL 34635** **1800 GULF BLVD.
INDIAN SHORES FL 34635**

3. Date Incorporated or Qualified **06/30/1981** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-3109095** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

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
**ASSOCIATION PROPERTY MANAGEMENT, INC.
17200 GULF BLVD.,
N. REDINGTON BEACH FL 33708**

10. Name and Address of New Registered Agent
81 Name **Laura J. Rayburn**
82 Street Address (P.O. Box Number is Not Acceptable) **1968 Bayshore Blvd.**
83
84 City **Dunedin** FL 85 Zip Code **34628**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 *[Signature]* DATE **4/19/95**
Signature, typed or printed name of registered agent and his or her agent. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MEWHRTER, JACK A.
STREET ADDRESS	14219 REBECCA COURT
CITY - ST - ZIP	LARGO FL
TITLE	VD
NAME	RUZZO, SHERRY DE
STREET ADDRESS	19010 GULF BLVD. #203
CITY - ST - ZIP	INDIAN SHORES FL
TITLE	SD
NAME	CRUTTENDEN, ARLEN
STREET ADDRESS	4410 ESTRELLA ST.
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	WALTERS, ESTHER
STREET ADDRESS	19010 GULF BLVD. #101
CITY - ST - ZIP	INDIAN SHORES FL
TITLE	D
NAME	SHERMAN, TOM
STREET ADDRESS	7944 JAYWOOD RD. N.
CITY - ST - ZIP	SEMINOLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(a), 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: *[Signature]* (U.P.) **3-14-95** **398-6661** **4678** **EST**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License #