

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



Principal Place of Business: 18500 GULF BLVD., INDIAN SHORES FL 34635  
Mailing Address: 18500 GULF BLVD., INDIAN SHORES FL 34635

3. Date Incorporated or Qualified: 06/30/1981  
3a. Date of Last Report: 04/24/1995  
4. FEI Number: 59-3109095  
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

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-26)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country

9. Name and Address of Current Registered Agent  
RAYBURN, LAURA J  
1968 BAYSHORE BLVD  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEWHIRTER, JACK A.	
STREET ADDRESS	14219 REBECCA COURT	
CITY-ST-ZIP	LARGO FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	RUZZO, SHERRY DE	
STREET ADDRESS	19010 GULF BLVD. #203	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	CRUTTENDEN, ARLEN	
STREET ADDRESS	4410 ESTRELLA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALTERS, ESTHER	
STREET ADDRESS	19010 GULF BLVD. #101	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, TONI	
STREET ADDRESS	7944 JAYWOOD RD. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
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)(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: Sherry DeRuggo Vice President Date: 4/5/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)