FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

758981

(5)

LE SCAMPI CONDOMINIUM ASSOCIATION, INC.

Principal Place					DI UIURI UII	TIE MANDE OLDIY M	1011 B1011 1301		
18500 GULF BLY INDIAN SHORES	18500 GULF BLVD Indian Shores FL 33785	-2057							
						3. Date Incorporated or Qualified 06/30/1981	3a. D	ate of Last F 04/26/19	Report 196
· ·	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
Suite, Apt.	# nto	26 Suite Ant # etc	 			59-3109095			ot Applicable
22	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional leguired
City & State	9	City & State	- · · · · · ·			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	, ·			8. This corporation has liability for in			s. 199.032,
24	[25] 9. Name and Address of Curren	29	30	1		Florida Statutes		No No	
	B, Italia Bio Modiose of Callon	I Hogisterou Agent	8	1 Na	me	IV. Name and Address of New Net	Jistereu	Agent	
RAYRURI	N, LAURA J		_						
	YSHORE BLVD		6	2 Str	et Addre	ss (P.O. Box Number is Not Acceptab	e)		
	FL 34698		T e	13		**************************************			
			Ē	4 Cit	/	<u> </u>		85 Zip	Code
dd Dissipali		0 - 10474500 51 - 1 0					<u>FL</u>	.	
office of re	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the	nea corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accep	urpose o	t changing i sointment as	ts registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Fi	orida Statul	es.			• •		-
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E Registered A	ngia Ineg/	ature required	d when reinstaling)	DATE		
12.	OFFICERS AND		13.		7-11	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TiTLI					Change	- Addition
NAME	MEWHIRTER, JACK A.		1.2 NAM	E					
STREET ADDRESS	14219 REBECCA COURT		1.3 STRE	ET ADDRE	ss				
CITY - ST - ZIP	LARGO FL			- ST - ZIP					
TITLE	VD			2.1 TITLE				Change	Addition Addition
NAME OTOGO ANDOSOS	RUZZO, SHERRY DE			2.2 NAME					
STREET ADDRESS	19010 GULF BLVD. #203 INDIAN SHORES FL			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	SD	DELETE	2. 4 CITY 3.1 TITLE	'-ST-ZIP				Change	Addition
NAME	CRUTTENDEN, ARLEN			3.2 NAME		•		L Ullarige	L Addition
STREET ADDRESS	4410 ESTRELLA ST.			ET ADDRE	ss				
CITY-ST-ZIP	TAMPA FL	AND PI		-ST-ZIP	~				
TITLE	TD	DELETE	4.1 TITLE					Change	☐ Addition
NAME	WALTERS, ESTHER		4. 2 NAM	tE .					
STREET ADDRESS	19010 GULF BLVD. #101		4.3 STRE	et addre	ss				
CITY-ST-7IP	INDIAN SHORES FL		4.4 CITY	-ST-ZIP					
TITLE	0	☐ DELETE	5.1 TITLE		ŀ			Change	Addition
NAME	SHERMAN, TONI		5.2 NAM			•			
STREET ADDRESS	7944 JAYWOOD RD. N.			et addre	ss				
CITY-ST-ZIP TITLE	SEMINOLE FL	DELETE	5.4 CITY					TT Channe	A statistic =
NAME		E DECEME	6.1 TITLE 6.2 NAM					Change	☐ Addition
STREET ADDRESS				e et addré	ee				
CITY - ST- ZIP			6.4 CITY		۵۰				
14. I do hereb	y certify that the information supplied	with this filing does not qual	ly for the ex	emptic	n stated l	n Section 119.07(3)(i), Florida Statutes	. I furthe	r certify that	the
Intermation I am an of	n indicated on this annual redort of s	upplemental annual report is t the receiver or trustee empoy	rue and ac- vered to exe	CHICATAL	n tadt bos	ny signature shall have the same legal as required by Chapter 617, Florida St	offect or	e if made un	dar aath: that

SIGNATURE:

4/30/97

(813<u>)</u>596-2468

FILED

May 13 1997 8:00am

Secretary of State

e Phone # 0052288