

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:04

DOCUMENT # 760346 (7)
1. Corporation Name
COLDWAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O THOMAS F. MURPHY
316 COLDWAY DR., 32D
PUNTA GORDA FL 33950
US

3. Date Incorporated or Qualified 10/08/1981
3a. Date of Last Report 02/25/1994
4. FEI Number 58-1460033
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
Coldway Condominium Assoc.
c/o Victor Comperchio
316 Coldway Drive 32D
Punta Gorda, FL 33950

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

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GEORGE, PETER
411-413 N. FEDERAL HIGHWAY
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature typed or printed name of registered agent and title if applicable) (DATE Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD
NAME	MURPHY, THOMAS F.	12 NAME	COMPERCHIO, VICTOR P
STREET ADDRESS	316 COLDWAY DRIVE, APT. 32D	13 STREET ADDRESS	316 COLDWAY DRIVE E36
CITY ST ZIP	PUNTA GORDA FL	14 CITY ST ZIP	PUNTA GORDA, FL. 33950
TITLE	D	21 TITLE	D
NAME	HARNEY, FRANCIS	22 NAME	GARVEY, TERRENCE
STREET ADDRESS	66 PUFFER LANE	23 STREET ADDRESS	316 COLDWAY DRIVE E40
CITY ST ZIP	SUDBURY MA	24 CITY ST ZIP	PUNTA GORDA, FL. 33950
TITLE	SD	31 TITLE	
NAME	MALINSON, WILLIAM	32 NAME	
STREET ADDRESS	35 SHERRI LANE	33 STREET ADDRESS	
CITY ST ZIP	MIDDLETOWN RI	34 CITY ST ZIP	
TITLE	D	41 TITLE	
NAME	DELVECCHIO, MICHAEL	42 NAME	
STREET ADDRESS	35 WEYHAM ROAD	43 STREET ADDRESS	
CITY ST ZIP	N. WEYMOUTH MA	44 CITY ST ZIP	
TITLE	D	51 TITLE	D
NAME	MACILVANE, RONALD	52 NAME	BORGSTROM, CHARLES O.
STREET ADDRESS	36 GRANVILLE AVENUE	53 STREET ADDRESS	316 COLDWAY DRIVE D-25
CITY ST ZIP	WORCESTER MA	54 CITY ST ZIP	PUNTA GORDA, FL. 33950
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: *Victor P. Comperchio Pres/Treas.* 1/25/95 813/637-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR P. COMPERCHIO