

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 761160 (1)

1. Corporation Name  
**THE 150 BUILDING CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**150-153RD AVENUE, SUITE 205  
MADEIRA BCH. FL 33708** **P. O. BOX 6068  
ST. PETERSBURG BEACH FL 33736  
US**

APPROVED AND FILED  
95 APR 17 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1981** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-2257603** Applied For  Not Applicable   
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

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

9. Name and Address of Current Registered Agent  
**LITRELL, TERRY L.  
8850 BLIND PASS ROAD #65  
ST. PETERSBURG BEACH FL 33736**

10. Name and Address of New Registered Agent  
81 Name **Terry L. Littrell**  
82 Street Address (P.O. Box Number is Not Acceptable) **301 87th Avenue #301**  
83  
84 City **St. Pete Beach** FL 85 Zip Code **33706**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	11 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, VIVIAN</b>	12 NAME	<b>GIDGET SUNE</b>
STREET ADDRESS	<b>150-153RD AVENUE</b>	13 STREET ADDRESS	<b>940 LAKE HOLLINGWORTH DRIVE</b>
CITY - ST - ZIP	<b>MADEIRA BEACH FL</b>	14 CITY - ST - ZIP	<b>LAKELAND, FL. 33803</b>
TITLE	<b>SD</b>	21 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TATSAK, JACKIE</b>	22 NAME	<b>TERRY L. LITRELL</b>
STREET ADDRESS	<b>150-153RD AVENUE</b>	23 STREET ADDRESS	<b>301 87TH AVENUE #301</b>
CITY - ST - ZIP	<b>MADEIRA BEACH FL</b>	24 CITY - ST - ZIP	<b>ST. PETE BEACH, FL. 33706</b>
TITLE	<b>PD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL, CHARLES J.</b>	32 NAME	
STREET ADDRESS	<b>150-153RD AVENUE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MADEIRA BCH FL</b>	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry L. Littrell **TERRY L. LITRELL** **4-10-95** **813-360-7792**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr) #