

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761160 (1)

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



Principal Place of Business 150-153RD AVENUE, SUITE 205 MADIERA BCH. FL 33708		Mailing Address 150-153RD #302 SUITE 302 MADEIRA BEACH FL 33708-1856 US		3. Date Incorporated or Qualified 12/16/1981	3a. Date of Last Report 04/08/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2257603		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHARLES J NEAL 150-153RD AVE #302 MADEIRA BEACH FL 33708				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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOB GUNDEL		1.2 NAME TINA ZALLER	
STREET ADDRESS 410 LAKE HOLLINGSWORTH DRIVE		1.3 STREET ADDRESS 150-153RD AVE #200	
CITY-ST-ZIP LAKELAND FL		1.4 CITY-ST-ZIP MADIERA BCH FL 33708	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERTSHAW, KYLE		2.2 NAME MARGIE AMYOT	
STREET ADDRESS 150-153RD AVENUE, SUITE G		2.3 STREET ADDRESS 150-153RD AVE	
CITY-ST-ZIP MADEIRA BEACH FL		2.4 CITY-ST-ZIP MADEIRA BCH FL 33708	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEAL, CHARLES J.		3.2 NAME	
STREET ADDRESS 150-153RD AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP MADEIRA BCH FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles J. Neal **CHARLES J NEAL** Date: 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)

813-392-5866