NONPROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 761188



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

Katherine Harris

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Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90160 009 ****61.25

Corporation Name			
I ONGROAT COVE	CONDOMINITIM	ASSOCIATION	INC

Principal Place of Business 5500 MARINA DR. HOLMES BEACH FL 34217

Mailing Address

5500 MARINA DR. HOLMES BEACH FL 34217

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 12/21/1981 26 4. FEI Number Applied For Sulte, Apt. #, etc. Suite, Apt. #, etc. 59-2263233 Not Applicable 22 \$8.75 Additional City & State City & State 5. Certificate of Status Desired - Fee Required 23 Country 8. Election Campaign Financing \$5.00 May Be Country Zio 30 **Trust Fund Contribution** Added to Fees 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HEROLD, WILLIAM JR. Street Address (P.O. Box Number is Not Acceptable) 5500 MARINA DR. HOLMES BEACH FL 34217 Zip Code City

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.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME WIRTZ, SUNNY WIRTZ, SUNNY WIRTZ, SUNNY STREET ADDRESS 5471 GULF OF MEDICO 1/203 TITLE D DELETE 13 TITLE P TO Change WIRTZ, SUNNY 12 NAME 13 STREET ADDRESS 5471 GULF OF MEDICO 1/203 14 STREET ADDRESS 5471 GULF OF MEDICO 1/203 15 STREET ADDRESS 5471 GULF OF MEDICO 1/203 16 STREET ADDRESS 5471 GULF OF MEDICO 1/203 17 STR	SIGNATURE	Signature, typed or printed name of registered agent and title if applic	who (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	
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14. I 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapted, or on an attachment with an address, with all other like empowered.