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 #

762434

(9)

2100 WEST CONDOMINIUM ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address				ALDI BIRKI DIAN B		HEN BURN (TO)	
2090 N. ATLANTIC AVE. COCOA BEACH FL 32931		2090 N. ATLANTIC AVE. COCOA BEACH FL 3293	2090 N. ATLANTIC AVE. COCOA BEACH FL 32931-5010							
						3. Date Incorporated or Qualified 03/15/1982	3a. Date o	of Last R 1/19/19		
L '	Place of Business	2a. Mailing Address				4. FEI Number Applied F Not Applied P				
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.									ot Applicable Additional	
22		27				Certificate of Status Desired		Fee Re		
City & Stat	e	— ·	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	28 Zip				Trust Fund Contribution 8. This corporation has liability for	intanoible tax			
24	25 29 30		30			Florida Statutes Yes No			. 100.002,	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	glatered Age	nt		
			8	1 1	Name					
B P DAVIS PROPERTY MGMT, INC 1980 N ATLANTIC AVE #701				2	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	ATLANTIC AVE #701 A BCH 32931		8	3			**************************************	***************************************		
			8	4 (City	·	p=, [8	15 Zip (Code	
11 Pursuant	to the provisions of Sections 617 0	502 and 617 1508 Florida State	ites the abo		named corno	ration submits this statement for the p	FL	angles it	e registered	
office or I	registered agent, or both, in the Sta	ide of Florida. Such change was	authorized	by It	ne corporatio	on's board of directors. I hereby accept	of the appoint	ment as	registered	
SIGNATURE	en tarimar seut, and accept the con	iganorio di, debitori birridodo, i	JOING GIBIGI	.00.						
	Signature, typed or printed name of registered a	····		gent :	signature required	d when reinstating)	DATE			
12.	T	ND DIRECTORS	13.		- 1	ADDITIONS/CHANGES TO OFFIC				
THUE			1.1 TITLE			·	اـــا	Change	Addition	
NAME STREET ADDRESS	FITZER, HERB	ne .	1.2 NAM		voncee .					
CITY-ST-ZIP	2090 N ATLANTIC AVE #40	ທ່ວ	1.3 STRE							
TITLE	COCOA BEACH FL PD	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	רט			2.2 NAME			b	411 4 11 9 0	the results.	
STREET ADDRESS	TIEMAN, ROY TADDRESS 2090 N. ATLANTIC AVE., #403			2.3 STREET ADDRESS						
CITY - ST - ZIP	COCOA BEACH FL	403	2.4 CITY		- :					
TITLE	SD SD	DELETE	3.1 TITLE	_	L.II			Change	Addition	
NAME]		3.2 NAM	3.2 NAME						
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS						
CITY - S1 - ZIP			3.4. CITY	3.4. CITY+ST-ZIP						
TITLE				4.1 TITLE				Change	Addition	
NAME	HERMAN, NATE		4. 2 NAM	4E						
STREET ADDRESS			4.3 STRE	4.3 STREET ADDRESS						
CITY-ST-ZIP	COCOA BCH FL		4.4 CITY	- 51-7	ZIP					
TITLE			5.1 TITLE	5.1 TITLE				Change	☐ Addition	
NAME	-		5.2 NAM	5.2 NAME		;				
STREET ADDRESS	2090 N ATLANTIC AVE #36	08	5.3 STRE	ET AD	ORESS	•				
CITY-ST-ZIP	COCOA BCH FL		5,4 CITY	-S1-2	ZIP					
TITLE		DELETE	6.1 TITLE					Change	Addition	
NAME			62 NAM	E						
STREET ADDRESS			6.3 STRE	ET AD	ORESS					

14. If do hereby certify that the information supplied with this filling 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 phanged, or on an attachment with an address.

SIGNATURE:

9/23/27 (407) 184-2091

FILED

May 01 1997 8:00am

Secretary of State