

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 762669 (0)**  
1. Corporation Name  
**CONDOMINIUM ON THE BAY TOWER I ASSOCIATION, INC.**



Principal Place of Business  
**888 BLVD/THE ARTS  
SARASOTA FL 34236**

Mailing Address  
**888 BLVD/THE ARTS  
SARASOTA FL 34236**

3. Date Incorporated or Qualified  
**03/30/1982**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2296379</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

## 9. Name and Address of Current Registered Agent

**BAQUERO, MARY  
888 BLVD OF THE ARTS  
SARASOTA FL 34236**

## 10. Name and Address of New Registered Agent

81 Name **WILLIAM J. LANGER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**888 BOULEVARD OF THE ARTS**

83 **UNIT 108**

84 City **SARASOTA** FL 85 Zip Code **34236**

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 **WILLIAM J. LANGER, MANAGER** *William J. Langer* DATE **3/19/96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PRESTIGIACOMO, MILDRED</b>		1.2 NAME <b>Kenneth Boehner</b>	
STREET ADDRESS <b>888 BLVD. OF THE ARTS</b>		1.3 STREET ADDRESS <b>888 Blvd. of the Arts #108</b>	
CITY-ST-ZIP <b>SARASOTA, FL 00000</b>		1.4 CITY-ST-ZIP <b>Sarasota, FL 34236</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SAMARA, JR. T</b>		2.2 NAME <b>William Gamble</b>	
STREET ADDRESS <b>888 BLVD OF THE ARTS</b>		2.3 STREET ADDRESS <b>888 Blvd. of the Arts #108</b>	
CITY-ST-ZIP <b>SARASOTA, FL 00000</b>		2.4 CITY-ST-ZIP <b>Sarasota, FL 34236</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STEIN, VIVIAN</b>		3.2 NAME <b>Milt Felsen</b>	
STREET ADDRESS <b>888 BLVD OF THE ARTS</b>		3.3 STREET ADDRESS <b>888 Blvd of the Arts #108</b>	
CITY-ST-ZIP <b>SARASOTA, FL 00000</b>		3.4 CITY-ST-ZIP <b>Sarasota, FL 34236</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALKER, WYATT</b>		4.2 NAME	
STREET ADDRESS <b>888 BLVD OF THE ARTS</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHEFFERT, RALPH</b>		5.2 NAME	
STREET ADDRESS <b>888 BLVD OF THE ARTS</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		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 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:

*Ralph Scheffert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)