

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 # **762728** (4)
1. Corporation Name
DAV-MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **214 CALLE MIRA MAR SARASOTA FL 34234-3320**
Mailing Address: **214 CALLE MIRA MAR SARASOTA FL 34234-3320**

3. Date Incorporated or Qualified: **04/05/1982**
3a. Date of Last Report: **07/11/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 4. FEI Number: **59-2226475** 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** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ORTNER, VIVIAN J 214 CALLE MIRAMAR #4 SARASOTA FL 34242**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|--|--|
| TITLE: PD NAME: ORTNER, VIVIAN J STREET ADDRESS: 214 CALLE MIRA MAR #4 CITY-ST-ZIP: SARASOTA FL 34242 | <input type="checkbox"/> DELETE | 11 TITLE: D 12 NAME: SCHACKOW, SAM 13 STREET ADDRESS: 2355 McCLELLEN PARKWAY 14 CITY-ST-ZIP: SARASOTA, FLORIDA, 34239 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: STD NAME: ADELTRAUT, WIRTZ STREET ADDRESS: 214 CALLE MIRA MAR #6 CITY-ST-ZIP: SARASOTA FL 34242 | <input type="checkbox"/> DELETE | 21 TITLE: _____ 22 NAME: _____ 23 STREET ADDRESS: _____ 24 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: GRAY, JEFFREY A STREET ADDRESS: 401 GOLDEN ISLES DR. CITY-ST-ZIP: HALLANDALE FL 33009 | <input type="checkbox"/> DELETE | 31 TITLE: _____ 32 NAME: _____ 33 STREET ADDRESS: _____ 34 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> DELETE | 41 TITLE: _____ 42 NAME: _____ 43 STREET ADDRESS: _____ 44 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> DELETE | 51 TITLE: _____ 52 NAME: _____ 53 STREET ADDRESS: _____ 54 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> DELETE | 61 TITLE: _____ 62 NAME: _____ 63 STREET ADDRESS: _____ 64 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Adeltraut Wirtz 3/26/96 346 1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)