## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

indicated on this annual report or supple officer or director of the corporation or Block 12 or Block 13 if changed, or on

(3)

REDINGTON TOWERS CLUB ASSOCIATION, INC.

## **FILED** May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				i inditt ibail aust ande utter neier atter arter arter a	)(0)  6:6!4 6 E1  6 B1  160	
ST. PETERBBURG FL 83745  ST. PETERBBURG FL 83745  ST. PETERBBURG FL 83715				3. Date Incorporated or Qualified  07/27/1982  4. FEI Number	Applied For	
1				59-2297979	Not Applicable	
	lace of Business	2a. Malling Address			\$8.75 Additional	
	CMC	26 C/O CMC		S. Certificate of Otatus Desired	Fee Required	
			Bay Dr. Str 2	Trust Fund Contribution	Trust Fund Contribution Added to Fees	
Day . c. Day .		FI		7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip Cleanwater Country Zip		Country		8. This corporation owes or has paid the current year Intangible		
24 33	764 25 USA	20 33764 5	USA		Yes No	
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Ag	ent	
			81 Name	Community Management Co	meadl Tre	
-NEWTON, WILLIAM C.			82 Street A	Address (P.O. Box Number Is Not Acceptable)	NOWN, INC.	
8001-0011-0110:-1200-			63	75 East Bay Dr. Ste 2	<del>ئره</del>	
.07:12		·	63	•		
			84 City	Icanwaten FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statuter	s, the above-named	corporation submits this statement for the purpose of cl	hanging its registered	
office or r	egistered agent, or both, in the State on familiar wift, and accept the obligation	of Florida. Such change was au ations of, Section 617,0503, Flor	rthorized by the corp- ida Statutes.	corporation submits this statement for the purpose of cl oration's board of directors. I hereby accept the appoir	ntment as registered	
SIGNATURE	and the the total and the		AL HILDEBR	^		
SIGNATURE .	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered Agent signature i	required when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	VP	DELETE	1.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	BROTHWELL, TED		1.2 NAME	Stanley Teate # 404		
STREET ADDRESS	5901 SUN BLVD. St. Petersburg Fl			Redington Shores, FL 3370	R	
CITY-ST-ZIP	B B	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	ELBEYROUTY, MOUNIR	_ beact	2.2 NAME	_	_ Crange	
STREET ADDRESS	5901 SUN BLVD #203		2.3 STREET ADDRESS	·		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change Addition	
NAME	MUZYKA, RICHARD		3.2 NAME	Fred Hammestahr 17940 Gulf Blud # 18C		
STREET ADDRESS	5901 SUN BLVD.		3.3 STREET ADDRESS	17940 Guif Blud # 18C		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP	Redington Shores, FL 3370	.₽ 	
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition	
NAME	D'ANGELO, TONY		4.2 NAME			
STREET ADDRESS	5901 SUN BLVD.		4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP			
TITLE	T	DELETE	5.1 TITLE	fred Brassel	_ Change _ Addition	
NAME	TEATE, STANLEY		52 NAME	17920 Guif Blud # 1004		
STREET ADDRESS	5901 SUN BLVD.		5.3 STREET ADDRESS	0  and  1  and  6  and	ø	
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	5.4 CITY-ST-ZIP	Redington Shores, Fr 3370	Change Addition	
TITLE	S HAMMECEAUD EDEN		6.1 TITLE		J Charles (2) Addition	
NAME CTOSST ADDRESS	Hammesfahr, Fred 5901 Sun Blvd., 203		62 NAME	Bob Glover 17900 Gulf Blud # 14F		
STREET ADDRESS	ST. PETERSBURG FL		6.3 STREET ADDRESS	Redington Shores, FL 33708		
14. hereby c	pertify that the information supplied w	ith this filing does notemalify for	the exemption states	d in Section 119.07(3)(i), Florida Statutes. I further certif	ly that the Information	
indicated officer or	on this annual report or supplementa director of the corporation or the rece	annual report is true/and accurative or trustee emptywered to experience of trustee emptywered to experience or trustee empty expe	rate and that my sign secute this report as	d in Section 119.07(3)(i), Florida Statutes. I further certificature shall have the same legal effect as if made unde required by Chapter 617, Florida Statutes; and that my	r oath; that I am an name appears in	