

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 768428 (5)**  
1. Corporation Name  
**PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.**

**FILED**  
95 JAN 25 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228** **1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1983</b>		3a. Date of Last Report <b>05/31/1994</b>	
4. FEI Number <b>31-1069500</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		<b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent <b>FASSLER, JOHN A., DR. 1211 GULF OF MEXICO DRIVE UNIT #208 P O BOX 49948 LONGBOAT KEY FL 34228</b>		10. Name and Address of New Registered Agent	
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Dr. John A. Fassler, President DATE 1/13/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUERBACH, ROBERT	1.2 NAME	Loevner, Doris
STREET ADDRESS	1211 GULF OF MEXICO DR / STE 401	1.3 STREET ADDRESS	1211 Gulf of Mexico Drive, #702
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GILBERT	2.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR / STE 811	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, WALTER	3.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR / STE 502	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSLER, JOHN A	4.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE	DTS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICK, MARGE	5.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELS, MARY ELLEN	6.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	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: John A. Fassler Dr. John A. Fassler DATE 1/13/95 813/383-8893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #