

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



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

3. Date Incorporated or Qualified: **05/13/1983**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **31-1069500**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
**FASSLER, JOHN A., DR.
1211 GULF OF MEXICO DRIVE UNIT #208
P O BOX 49948
LONGBOAT KEY FL 34228**

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: *John Fassler* **Dr. John A. Fassler, Pres.** 1/17/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **LOEVNER, DORIS**
STREET ADDRESS: **1211 GULF OF MEXICO DRIVE, #702**
CITY-ST-ZIP: **LONGBOAT KEY FL**
TITLE: **DV** DELETE
NAME: **MILLER, GILBERT**
STREET ADDRESS: **1211 GULF OF MEXICO DR / STE 811**
CITY-ST-ZIP: **LONGBOAT KEY FL**
TITLE: **D** DELETE
NAME: **HESS, WALTER**
STREET ADDRESS: **1211 GULF OF MEXICO DR / STE 502**
CITY-ST-ZIP: **LONGBOAT KEY FL**
TITLE: **PD** DELETE
NAME: **FASSLER, JOHN A**
STREET ADDRESS: **1211 GULF OF MEXICO DR**
CITY-ST-ZIP: **LONGBOAT KEY FL**
TITLE: **DTS** DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **Secretary/Treasurer** Change Addition
1.2 NAME: **Doris Loevner**
1.3 STREET ADDRESS: **1211 Gulf of Mexico Drive, #702**
1.4 CITY-ST-ZIP: **Longboat Key, FL 34228**
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: **Director** Change Addition
3.2 NAME: **Nancy Trotta**
3.3 STREET ADDRESS: **1211 Gulf of Mexico Dr., #801**
3.4 CITY-ST-ZIP: **Longboat Key, FL 34228**
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: **Director** Change 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: *John Fassler* **Dr. John Fassler** 1/17/96 941/383-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)