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Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768428 (5)**

1. Corporation Name  
**PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228</b>	Mailing Address <b>1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228-4602</b>
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3. Date Incorporated or Qualified <b>05/13/1983</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>31-1069500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 617.1503, Florida Statutes.

SIGNATURE *John Fassler, President* DATE **3-24-97**

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOEVNER, DORIS</b>
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE, #702</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILNER, GILBERT</b>
STREET ADDRESS	<b>1211 GULF OF MEXICO DR / STE 811</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TROTTA, NANCY</b>
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #801</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>FASSLER, JOHN A</b>
STREET ADDRESS	<b>1211 GULF OF MEXICO DR</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>AUERBACH, ROBERT</b>
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #401</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, ELLIOTT</b>
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #102</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Secretary/Treas.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>Dr, Eugene Cohen</b>
2.4 CITY-ST-ZIP	<b>1211 Gulf of Mexico Drive, Suite 510 Longboat Key, FL 34228</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Vice President</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, President* DATE **3/24/97** 941/383 8893

CF2E037 (9/96)