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**Apr 13, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 768428**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/13/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1069500	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FASSLER, JOHN A., DR. 1211 GULF OF MEXICO DRIVE UNIT #208 <del>P.O. BOX 49948</del> LONGBOAT KEY FL 34228				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	NO Post OFFICE BOX		
				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: *Dr. John A Fassler, President* *John Fassler* DATE: 4/5/99

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	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAMAN, HYMAN MD			1.2 NAME	Paul Grodner		
STREET ADDRESS	1211 GULF OF MEXICO DR SUITE 306			1.3 STREET ADDRESS	1211 Gulf of Mexico Drive, #203		
CITY-ST-ZIP	LONGBOAT KEY FL 34228			1.4 CITY-ST-ZIP	Longboat Key, FL 34228		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, EUGENE D			2.2 NAME	Doris Loevner		
STREET ADDRESS	1211 GULF OF MEXICO DR, SUITE 510			2.3 STREET ADDRESS	1211 Gulf of Mexico Drive, #702		
CITY-ST-ZIP	LONGBOAT KEY FL			2.4 CITY-ST-ZIP	Longboat Key, FL 34228		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROTTA, NANCY			3.2 NAME			
STREET ADDRESS	1211 GULF OF MEXICO DRIVE #801			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		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	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUERBACH, ROBERT			5.2 NAME			
STREET ADDRESS	1211 GULF OF MEXICO DRIVE #401			5.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAVAGE, MARVIN			6.2 NAME			
STREET ADDRESS	1211 GULF OF MEXICO DR SUITE 303			6.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL 34228			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *John A. Fassler* **John A. Fassler, President** DATE: 4/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)