FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N00988

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

(8)

26 WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address										I IEH BIBIL B	iski subil dibili	DIAR BIBIA HABI	
5190 26TH STREET WEST SUITE J BRADENTON FL 34207			51 St	5190 26TH STREET WEST SUITE J BRADENTON FL 34207-2267									
				***************************************			3.	3. Date Incorporated or Qualified 01/18/1984 3a. Date of Last Report 04/29/1996					
2. Principal Place of Business				2a. Mailing Address				4.	4. FEI Number Applied For				
21				26					59-2516323			ot Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional	
City & State				City & State								equired	
23				28				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country						Country						
24	25	•	29	29 30			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curren			l Registered Agent				10. Name and Address of New Registered Agent					
						81 Name							
), FRANK M.			8			ddress (F	idress (P.O. Box Number is Not Acceptable)					
5190 28TH STREET WEST SUITE J													
BRADENTON FL 34207													
						84	City			FL		Code	
11. Pursuant I office or re agent. I a	to the provisions egistered agent, m familiar with, a	of Sections 617.0 or both, in the St and accept the ob	0502 and 6 ate of Floric digations of	17.1508, Florida Sta fa. Such change wa , Section 617.0503,	tutes, the a is authorize Florida Sta	above ed by atutes	e-named of the corposition	corporatio oration's t	on submits this statement for the p board of directors. I hereby accep	urpose of of the app	changing it ointment as	ts registered registered	
SIGNATURE													
Signature typed or printed name of registered agent and title if applicable (NO 12. OFFICERS AND DIRECTORS						: Registered Agent signature require 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	VPD	OFFICERS.	AND DIREC	DELETE	1.11				ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	AS IN 12	
NAME	MCGRATH,	JAMES		Otter		NAME					TH CHAINE	L. Addition	
STREET ADDRESS	5190 26TH						1.3 STREET ADDRESS						
CITY-ST-ZIP	BRADENTO					CITY-S							
TITLE	STD			DELETE	2.1 1		1-211				Change	Addition	
NAME	GRIPPO, FI	RANK M.		_		NAME							
STREET ADDRESS	5190 26TH					2.3 STREET ADDRESS							
CITY - ST - ZIP	BRADENTO	N FL		2.41			ST-ZIP						
TITLE	PD						3.1 TITLE				☐ Change	Addition	
NAME	SCOTT, JE				3.2 /	NAME							
STREET ADDRESS	5190 26TH			3.3 5			3.3 STREET ADDRESS						
CITY-ST-ZIP	BRADENTO	N FL					ST-ZIP						
TITLE				☐ DELETE	4.1 1	ITLE	T				Change	Addition	
NAME					4.2	NAME							
STREET ADDRESS					4.3 \$	STREET	ADDRESS						
CITY-ST-ZIP						HTY-S	T-21P				- P-1		
TITLE				☐ DELETE		ITLE					Change	Addition	
NAME					1	NAME							
STREET ADDRESS					1		ADDRESS						
City-St-ZiP				Or, eve		CITY-S	1-21P				T 0	Tare.	
THLE	1			DELETE	6.1 1						Change	Addition	
NAME						NAME							
STREET ADDRESS					1		FREET ADDRESS						
CITY-ST-ZIP	L				6.4 (CITY - S	T-21P						

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. 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