

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 # N07645 (7)
1. Corporation Name
NOKOMIS BAYSHORE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**109 BAYSHORE RD
STE 11
NOKOMIS FL 34275
US**

Mailing Address
**109 BAYSHORE RD
STE 11
NOKOMIS FL 34275
US**

3. Date Incorporated or Qualified
02/15/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-2644938

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

9. Name and Address of Current Registered Agent

**MILLS, LINDA
109 BAYSHORE RD
STE 8
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent

81 Name
ANNETTE CALDWELL

82 Street Address (P.O. Box Number is Not Acceptable)
KEYS-CALDWELL INC

83
250 W TAMPA AVENUE

84 City
VENICE

FL **85** Zip
34285

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 *Annette K. Caldwell* **Annette K. Caldwell, Agent** **4/19/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLS, LINDA	
STREET ADDRESS	109 BAYSHORE RD #8	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MASTRIA, DIANE	
STREET ADDRESS	109 BAYSHORE RD #2	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHICK, LYNN	
STREET ADDRESS	109 BAYSHORE RD / UNIT 10	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRENDA MYERS	
4.3 STREET ADDRESS	109 BAYSHORE	
4.4 CITY-ST-ZIP	NOKOMIS FL	
5.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM MORSE	
5.3 STREET ADDRESS	109 BAYSHORE	
5.4 CITY-ST-ZIP	NOKOMIS FL	
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 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: *Brenda T. Myers* **4/25/96** **(741) 484-6108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)