## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15910

(5)

## **NORTH VILLAGE OF PINELLAS COUNTY CONDOMINIUM ASS** OCIATION, INC.

## **FILED** Apr 25 1997 8:00am Secretary of State



Dringland Digg	ce of Business	Marin A La						A I I I I I I I I I I I I I I I I I I I
Principal Plac	e or Business	Mailing Address			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11811 8811 61611 81	A11 4:811 919(1 6	11841 B1841 4 <b>00</b> 1
STRITON MGM			12551 INDIAN ROCKS RD #6 LARGO FL 33774-3009					
12551 INDIAN I LARGO FL 346		US 133774-3009						
US		00			3. Date Incorporated or Quali 07/17/1986	fied 3a. D	ate of Last f 05/17/19	Report 996
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-2382132	·	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22 City & Stat	Δ	City & State						lequired
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζίρ			Country		<del></del>			
24	25	F-1 ' F-	30	•	This corporation has liability     Florida Statutes	y for intangible	i tax under s	5. 199.032,
	9. Name and Address of Currer	nt Registered Agent	~, T		10. Name and Address of Ne			
			8	1 Name			···-	
CHANCEY, MARVIN THOMAS				2 Street Add	dress (P.O. Box Number is Not Acco	antabla)		
12551 IN	NDIAN ROCKS RD., #6	oz olice Au			drobb (i .o. box (fulliber is 140) Accil	shigoidi		
LARGO I	FL 34644		8	3				
•			8	4 City			85 Zip	Code
						FL		
11. Pursuant office or r	to the provisions of Sections 617,050 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 617.1508, Florida Statutes of Florida, Such change was ac	s, the abo	ve-named cor	rporation submits this statement for	the purpose o	f changing i	its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flori	ida Statuti	os.	and its board of directors. Thereby a	iccept the app	OR HITIER AS	s registered
SIGNATURE .								
12.	Signature, typed or printed name of registered age	D DIRECTORS (NOTE:	Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO C	DATE	DIDLOTO:	DC 151.40
TITLE	PD	DELETE	1.1 YILE	·	ADDITIONS/CHANGES TO C	JI FICENS AINL	Change	Addition
NAME :	CHANCEY, MARVIN T.		1.2 NAME				Onlinge	
STREET ADDRESS	2510-A WEST BAY DRIVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	LARGO FL		1.4 CITY - ST - ZIP					
TITLE	STD	DELETE	2.1 TITLE				Change	Addition
NAME	FLACHSMANN, HERMANN		22 NAME				_ •	
STREET ADDRESS	2510-A WEST BAY DRIVE	2.3 STREET ADDRESS		ET ADDRESS				
CITY-ST-ZIP	LARGO FL		2. 4 CITY-ST-ZIP					
TITLE	VD DELETE		3.1 TALE				Change	Addition
NAME	CHANCEY, MARVIN T.		3.2 NAME	:				
STREET ADDRESS	2510-A WEST BAY DRIVE		3.3 STREE	ET ADDRESS				
CITY-ST-ZIP	LARGO FL		3.4. CITY-S1-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME .			4. 2 NAM					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	ST-ZIP				
NAME		C OFFE IF	5.1 TITLE				Change	Addition
STREET ADDRESS			5.2 NAME	- 1				
CITY-ST-ZIP				T ADDRESS				
TITLE .	······································	DELETE	5.4 CITY- 6.1 TITLE				Change	Addition
NAME		C) Petric	6.2 NAME				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CHY-					
	by certify that the information supplied	with this filing does not qualify	for the ex	or-αr   emption state	ed in Section 119 07(3)(i) Florida Sta	itutes 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 logal effect as if made unlam an officer or director of the comparation or the ceceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my appears in Block 12 or Block 12 or Block or on an attachment with an address.