FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N16730

(6)

5282 95TH STREET NORTH CONDOMINIUM ASSOCIATION, INC.

FILED Feb 24 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address	L HOULDE DER HAGIO GEELE HOURD DIELE EKOLO BEILE EKOLO HEILE EKOLO HEILE EKOLO HEILE EKOLO HEILE EKOLO HEILE E			
i282 B5TH ST. N. JNIT #5 BT. PETERSBURG FL 33708	5282 95TH ST. N. Unit #5 St. Petersburg FL 33708	3. Date Incorporated or Qualified 09/10/1986			
			optied For		
2. Principal Place of Business	2a. Mailing Address		Additional		

11	26	5. Certificate of Status Desire	Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Election Campaign Financi Trust Fund Contribution	ng \$5.00 May Be Added to Fees
City & State	City & State	7. Is this nonprofit corporation	a homeowners association? Yes No
Zip Country 25	Zip 29 3	8. This corporation owes or h. Personal Property Tax due	as paid the current year Intangible June 30. Yes No
9. Name and Address of Cur	rent Registered Agent	10. Name and Address of Ne	w Registered Agent
NORMAN MAHON		Name Name Street Address (P.O. Box Number is Not Acc	entable)

	81	Name
NORMAN MAHON 5282 95TH STREET N.	82	Street Address (P.O. Box Number is Not Acceptable)
#2 ST. PETERSBURG FL 33708	83	
oi. FEIEnopono FE 33700	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, and acceptable obligations of, Section 617.0503. Florida Statutes.

- go	7.1 B /////	01, 000,000, 1101	ida Statutes.			
SIGNATURE .		fres				
12.	Signature, wiped or printed registered agent and to		Registered Agent signature requir			
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	MAHAN, NORMAN		1.2 NAME			
STREET ADDRESS	5282 95TH ST. N.		1.3 STREET ADDRESS			
City-St-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	ERCHENBERG, CHARLES		2.2 NAME			
STREET ADDRESS	5282 95TH STREET N		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	Hamilton, evelyn		3.2 NAME			
STREET ADDRESS	5282 95TH ST. N.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
						1

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 19 an attachment with an address.

SIGNATURE: SIGNATURE:

CR2E037 (10/97)