FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90008 023 ****61.25

DOCUMENT # **N22474**

1. Corporation Name

LA SAL MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
530 MANDALAY AVENUE CLEARWATER BEACH FL 34630	530 MANDALAY AVENUE CLEARWATER BEACH FL 34630

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/14/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2852132 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33767 25	Zip / Country 29 33767 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GIANCOLA, EDWARD E
~~36 CYPRESS DRIVE~~
~~PALM HARBOR FL 34684~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1567 RIVERDALE DRIVE

83

84 City OLDSMAR **FL** 85 Zip Code 34677

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 _____ DATE
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	PD	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	BORGES, MAX E.		1.2 NAME	EDWARD GIANCOLA	
STREET ADDRESS	14911 SW 147TH STREET		1.3 STREET ADDRESS	1567 RIVERDALE DR.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIANCOLA, EDWARD E		2.2 NAME		
STREET ADDRESS	36 CYPRESS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOENIG, NORBET		3.2 NAME		
STREET ADDRESS	44 EILEEN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINVIEW NY 11803		3.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	MCLAY, DAVID		4.2 NAME	BRENDA KANS	
STREET ADDRESS	KING ARTHURS CT.		4.3 STREET ADDRESS	2181 CHANTILLY LANE	
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 2/25/99 727-447-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #