

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
Secretary of State
DIVISION OF CORPORATIONS

995 MAY -1 AM 11: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N30713

1. Corporation Name
CONDOMINIUM OWNERS OF FLORIDA, INC.

Principal Place of Business **Mailing Address**
1902 Clubhouse Drive, A 1902 Clubhouse Drive, Ste A
Sun City Center, FL Sun City Center, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/15/89	3a. Date of Last Report 4/12/94
4. FEI Number 65-0161564	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for a transfer tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 41442
22 City & State	27 City & State
23 Zip	28 St. Petersburg, FL
24 Country	29 33743-41442
25 Country	30 USA

9. Name and Address of Current Registered Agent
Albertina Fonte
c/o FLM
1904 Clubhouse Drive
Sun City Center, FL 33573

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable **NOTE: Registered Agent signature required when re-registering** DATE

12. OFFICERS AND DIRECTORS

TITLE	11 TITLE
NAME	P/T/D
STREET ADDRESS	STONA, VINCENT
CITY - ST - ZIP	1 KEY CAPRI, 707W
	TREASURE ISLAND, FL 33706
TITLE	21 TITLE
NAME	S/D
STREET ADDRESS	BRODSKY, LOU
CITY - ST - ZIP	8330 VENDOME BLVD.
	PINELLAS PARK, FL 34665
TITLE	31 TITLE
NAME	D
STREET ADDRESS	TEDESCO, ALEX
CITY - ST - ZIP	1 KEY CAPRI, 508W
	TREASURE ISLAND, FL 33706
TITLE	41 TITLE
NAME	X
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	51 TITLE
NAME	X
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	61 TITLE
NAME	X
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Vincent A. Stona* VINCENT A. STONA 2/3/95 813 960 9640