

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:43

DOCUMENT # **754133** (7)
1. Corporation Name
CARRON HOUSE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1980	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2209122	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
4600 S OCEAN BLVD HIGHLAND BCH FL 33487-5390		4600 S OCEAN BLVD HIGHLAND BCH FL 33487-5390	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEIER, KENNETH 4600 S OCEAN BLVD HIGHLAND BEACH FL 33487		81 Name Albert Bonier	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 4600 So. Ocean Blvd.	
		84 City Highland Bch.	
		85 Zip Code FL 33487	

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 **Albert Bonier Asst. Treasurer** *Albert Bonier* **March 8, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, GEORGE 4600 S OCEAN BLVD HIGHLAND BCH, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P Thomas, George 4600 S. Ocean Blvd
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOYER, ROBERT 4600 S OCEAN BLVD HIGHLAND BCH, FL 00000	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	T-D Boyer, Robert 4600 S. Ocean Blvd
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BONIER, ALBERT, DR 4600 S. OCEAN BLVD. HIGHLAND BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	V. P. Caravette, Frank 4600 S. Ocean Blvd.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, HAROLD 4600 S OCEAN BLVD HIGHLAND BCH FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	S-D Caputo, Roy 4600 S. Ocean Blvd.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARAVETTE, FRANK 4600 SO OCEAN BLVD HIGHLAND BCH FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	D Binstein, Seymour 4600 S. Ocean Blvd.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 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)(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: **Albert Bonier**

Albert Bonier

3/8/1995 407/395/9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #