FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722178 (1)

1. Corporation Name

BOCA CIEGA POINT EAST FIVE CONDOMINIUM CORPORATI ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PORATION, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708	PORATION, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708

3. Date Incorporated or Qualified: 12/01/1971
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1571032 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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

9. Name and Address of Current Registered Agent

FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

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

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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ELEANOR	12 NAME	
STREET ADDRESS	482 BOCA CIEGA PT BLVD S	13 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JONES, RUTH	22 NAME	
STREET ADDRESS	418 BOCA CIEGA PT BLVD S	23 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change X Addition
NAME	CIMAZEWSKI, MARY	32 NAME	DT CLOUD, Robert
STREET ADDRESS	490 BOCA CIEGA PT BLVD S	33 STREET ADDRESS	490 Boca Ciega Pt Blvd South
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	St Pete Fl. 33708
TITLE	D	41 TITLE	☐ Change XX Addition
NAME	BRANDSTETTER, FRANK	42 NAME	DS QUINN, Charlotte
STREET ADDRESS	442 BOCA CIEGA PT BLVD S	43 STREET ADDRESS	452 Boca Ciega Pt blvd South
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	St Pete., Fl 33708
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CIMASZEWSKI, FRANK	52 NAME	
STREET ADDRESS	436 BOCA CIEGA PT. BLVD. SO.	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: Frank Cimazewski 4/24/95 398-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK CIMAZEWSKI

0014481