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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:37

DOCUMENT # **N04026** **(3)**

1. Corporation Name

18840 GULF BOULEVARD CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
18840 GULF BLVD. UNIT #1 INDIAN SHORES FL 34635	18840 GULF BLVD. UNIT #1 INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1984
3a. Date of Last Report: 08/24/1994
4. FEI Number: 59-2591956 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 2657 Crystal Cir.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 Dunedin, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 34698 / Country 30 Pinellas	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILL,TAMI 18840 GULF BLVD. UNIT#1 INDIAN SHORES FL 34635	81 Name: NORA J. DANDO 82 Street Address (P.O. Box Number is Not Acceptable): 2657 CRYSTAL CIR. 83 84 City: Dunedin FL 85 Zip Code: 34698

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: NORA J. DANDO 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SPIRO,LEWIS	12 NAME	
STREET ADDRESS	3903 VENETIAN WAY	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	14 CITY-ST-ZIP	
TITLE	T/D	21 TITLE	☐ Change ☐ Addition
NAME	HILL,TAMI	22 NAME	
STREET ADDRESS	18840 GULF BLVD. #1	23 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	24 CITY-ST-ZIP	
TITLE	P/D	31 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, IRENE J.	32 NAME	
STREET ADDRESS	4813 RIVERSHORES DR.	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DANDO, NORA J.	42 NAME	
STREET ADDRESS	2657 CRYSTAL CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	44 CITY-ST-ZIP	
TITLE	S/D	51 TITLE	☐ Change ☐ Addition
NAME	BERRY, HOWARD	52 NAME	
STREET ADDRESS	4202 BEACHWAY DR	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA 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)(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.

SIGNATURE: NORA J. DANDO 5/15/95 813-391-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0018925