

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:16

DOCUMENT # 740504 (6)

1. Corporation Name

PILOT HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3100 N E 48TH ST
FT LAUDERDALE FL 33308

Mailing Address

3100 N E 48TH ST
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1977

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1798197

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

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

☐ FILING FEE IS
\$61.25

8. Does corporation have liability for intangible tax under s. 122.033,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYNAK, PAUL A.
3100 N.E. 48TH ST.
FT. LAUDERDALE FL 33308

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 617.0502 and 617.1506, 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

Paul A. Raynak

PAUL A. RAYNAK

6/14/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~RICHARDSON, RICHARD~~
STREET ADDRESS 3100 N E 48TH ST
CITY - ST - ZIP FT LAUDERDALE FL

TITLE VP
NAME ~~KNECHT, HILERY~~
STREET ADDRESS 3100 N E 48TH ST
CITY - ST - ZIP FT LAUDERDALE FL

TITLE SD
NAME ~~WARD, JOYCE-ANNE~~
STREET ADDRESS 3100 N E 48TH ST
CITY - ST - ZIP FT LAUDERDALE FL

TITLE D
NAME DULIAN, CLIFFORD D
STREET ADDRESS 3100 NE 48TH STREET #P13
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE T
NAME YAGER, JAMES
STREET ADDRESS 3100 N E 48TH ST
CITY - ST - ZIP FT LAUDERDALE FL

TITLE D
NAME ~~BLOUGH, JERRY~~
STREET ADDRESS 3100 NE 48TH STREET,
CITY - ST - ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JOYCE ANN HERMES
1.3 STREET ADDRESS 3100 N.E. 48th Street
1.4 CITY - ST - ZIP Ft. Lauderdale, FL.

2.1 TITLE VP
2.2 NAME Jerry Blough
2.3 STREET ADDRESS 3100 NE 48th Street
2.4 CITY - ST - ZIP Ft. Lauderdale, FL.

3.1 TITLE SD
3.2 NAME Rebecca Cooper
3.3 STREET ADDRESS 3100 NE 48th Street
3.4 CITY - ST - ZIP Ft. Lauderdale, FL.

4.1 TITLE D
4.2 NAME Eugenie Suter
4.3 STREET ADDRESS 3100 NE 48th St.
4.4 CITY - ST - ZIP Ft. Lauderdale, FL

5.1 TITLE D
5.2 NAME Kathleen Knecht
5.3 STREET ADDRESS 3100 NE 48th St.
5.4 CITY - ST - ZIP Ft. Lauderdale, FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

James D. Yager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95 305-776-7547
Date Signature (Name)