

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763233 (4)

1. Corporation Name

**WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO
RES, INC.**

Principal Place of Business

Mailing Address

**18001 GULF BLVD., STE. D
REDINGTON SHORES FL 33708**

**PO BOX 8156
ST PETERSBURG FL 33738-8156**



3. Date Incorporated or Qualified
05/11/1982

3a. Date of Last Report
02/22/1995

2. Principal Place of Business
21 5444 Park Blvd North

2a. Mailing Address
26 P. O. Box 47307

4. FEI Number
59-2371486

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 203

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 Pinellas Park, FL

City & State
28 St. Petersburg, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
24 34665

Country

Zip
29 33743-7307

Country

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

**WEATHERLOW, WILLIAM W
18001 GULF BLVD., STE. D /
REDINGTON SHORES FL 33708 /**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5444 Park Blvd North, Suite 203

83

84 City

Pinellas Park

FL

85 Zip Code

34665

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD CARPENTER, GENE A**
STREET ADDRESS **1925 STERLING PLACE**
CITY - ST - ZIP **LANCASTER PA 17601**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **VD WANHOUSE, CHARLES**
STREET ADDRESS **95 BALCH AVE**
CITY - ST - ZIP **PITCATAWAY NJ**

21 TITLE ☒ Change ☐ Addition
22 NAME **VD MANORE, JOANN**
23 STREET ADDRESS **1103 MAPLE WAY DRIVE**
24 CITY - ST - ZIP **TEMPERANCE, MI 48182**

TITLE ☒ DELETE
NAME **D MANORE, JOANN**
STREET ADDRESS **1103 MAPLE WAY DR**
CITY - ST - ZIP **TEMPERANCE MI**

31 TITLE ☒ Change ☐ Addition
32 NAME **STD JAMES, SHARON**
33 STREET ADDRESS **19925 GULF BLVD, #303**
34 CITY - ST - ZIP **INDIAN SHORES, FL 34635**

TITLE ☒ DELETE
NAME **STD JAMES, SHARON**
STREET ADDRESS **19925 GULF BLVD, #303**
CITY - ST - ZIP **INDIAN SHORES FL**

41 TITLE ☒ Change ☐ Addition
42 NAME **D DI CESARE, MARIA**
43 STREET ADDRESS **P.O. BOX 69**
44 CITY - ST - ZIP **PORT MCNICOLL, ONT, CANADA L6K 1R0**

TITLE ☒ DELETE
NAME **D HAHN, ROLF E**
STREET ADDRESS **431 41ST AVE**
CITY - ST - ZIP **ST PETERSBURG FL 33706**

51 TITLE ☒ Change ☐ Addition
52 NAME **D AUSTIN, OWEN**
53 STREET ADDRESS **19925 GULF BLVD, #507**
54 CITY - ST - ZIP **INDIAN SHORES, FL 34635**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☒ Change ☐ Addition
62 NAME **D TULLIS, TERRY**
63 STREET ADDRESS **19925 GULF BLVD, #301**
64 CITY - ST - ZIP **INDIAN SHORES, FL 34635**

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:

Sharon James

Sharon James, Secretary

01/25/96

813 547-1803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)