

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04026** (3)

1. Corporation Name

18840 GULF BOULEVARD CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

**18840 GULF BLVD.
UNIT #3
INDIAN SHORES FL 34635**

**2657 CRYSTAL CIR
UNIT #1
DUNEDIN FL 34698
US**

3. Date Incorporated or Qualified
07/03/1984

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-2591956

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANDO, NORA J
2657 CRYSTAL CIRCLE
UNIT #1
DUNEDIN FL 34698**

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 617.1508, 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

Nora J. Dando
Signature, typed or printed name of registered agent and title if applicable.

Mark A. Jones
(NOTE: Registered Agent signature required when resigning)

Date

2/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SPIRO, LEWIS**
STREET ADDRESS **3903 VENETIAN WAY**
CITY - ST - ZIP **TAMPA FL 33634**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **T/D** ☐ DELETE
NAME **HILL, TAMI**
STREET ADDRESS **18840 GULF BLVD. #1**
CITY - ST - ZIP **INDIAN SHORES FL 34635**

2.1 TITLE **Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **P/D** ☐ DELETE
NAME **THOMPSON, IRENE J.**
STREET ADDRESS **4813 RIVERSHORES DR.**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **DANDO, NORA J.**
STREET ADDRESS **2657 CRYSTAL CIRCLE**
CITY - ST - ZIP **DUNEDIN FL 34698**

4.1 TITLE **Treasurer / Director** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **S/D** ☐ DELETE
NAME **BERRY, HOWARD**
STREET ADDRESS **4202 BEACHWAY DR**
CITY - ST - ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96 813-393-2813
Date Daytime Phone #

CR2E037 (12/95)