

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 722536 (0)  
1. Corporation Name  
PIECES O' EIGHT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1166 HILLSBORO MILE  
HILLSBORO BEACH FL 33062 1166 HILLSBORO MILE  
HILLSBORO BEACH FL 33062

3. Date Incorporated or Qualified 01/26/1972 3a. Date of Last Report 02/06/1995  
4. FEI Number 59-1408923 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENNESSY, DONALD  
1166 HILLSBORO MILE  
SUITE 24  
HILLSBORO BEACH FL 33062

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

Signature, typed or printed name of registered agent or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                   |
|----------------------------|--------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE                      | P D <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | HENNESSY, DONALD                     | 1.2 NAME                                              |                                                                                   |
| STREET ADDRESS             | 1166 HILLSBORO MILE #24              | 1.3 STREET ADDRESS                                    |                                                                                   |
| CITY-ST-ZIP                | HILLSBORO BEACH FL 33062             | 1.4 CITY-ST-ZIP                                       |                                                                                   |
| TITLE                      | V D <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | BANGIOLA, PAUL                       | 2.2 NAME                                              |                                                                                   |
| STREET ADDRESS             | 1166 HILLSBORO MILE #25              | 2.3 STREET ADDRESS                                    |                                                                                   |
| CITY-ST-ZIP                | HILLSBORO BEACH FL 33062             | 2.4 CITY-ST-ZIP                                       |                                                                                   |
| TITLE                      | ST D <input type="checkbox"/> DELETE | 3.1 TITLE                                             | ST D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CILLO, ELIZABETH                     | 3.2 NAME                                              |                                                                                   |
| STREET ADDRESS             | 1166 HILLSBORO MILE #6               | 3.3 STREET ADDRESS                                    |                                                                                   |
| CITY-ST-ZIP                | HILLSBORO BEACH FL 33062             | 3.4 CITY-ST-ZIP                                       |                                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       |                                      | 4.2 NAME                                              |                                                                                   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |                                                                                   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |                                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       |                                      | 5.2 NAME                                              |                                                                                   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    | 400001755164                                                                      |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       | -03/22/96--01111--043                                                             |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE                                             | ***61.25                                                                          |
| NAME                       |                                      | 6.2 NAME                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |                                                                                   |
| CITY-ST-ZIP                |                                      | 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: x

Donald S. Hennessy Pres. x 2/5/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)