

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 # **751578** (6)

1. Corporation Name

S.L. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O AMI-CORONET MANAGEMENT
5899 WHITFIELD AVE. S107
SARASOTA FL 34243

C/O AMI-CORONET MANAGEMENT
5899 WHITFIELD AVE. S107
SARASOTA FL 34243

3. Date Incorporated or Qualified
03/17/1980

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O AMI-CORONET MANAGEMENT
5899 WHITFIELD AVE
S107
SARASOTA FL 34243

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 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 **VP** ☒ DELETE

NAME **WILKE, WALTER R.**
STREET ADDRESS **322 SPRING LAKES BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VPAS** ☒ DELETE

NAME **CANNELLA, THOMAS**
STREET ADDRESS **201 SPRING LAKES BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE **TD** ☐ DELETE

NAME **HERSHNER, RICHARD**
STREET ADDRESS **316 SPRING LKS BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE **PD** ☒ DELETE

NAME **COLCOMBE, HARRYT**
STREET ADDRESS **301 SPRING LAKES BOULEVARD**
CITY-ST-ZIP **BRADENTON FL**

TITLE **DS** ☒ DELETE

NAME **KATZ, BERTRAM H.**
STREET ADDRESS **312 SPRING LAKES BOULEVARD**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD ☐ Change ☒ Addition

PISTONE, PETE
308 Spring Lakes Blvd.
BRADENTON, FL 34210

WINTER, THERESA ☐ Change ☒ Addition

310 SPRING LAKES BLVD
BRADENTON FL 34210

PD ☒ Change ☐ Addition

COLCOMBE, HARRY
301 SPRING LAKES BLVD.
BRADENTON FL 34210

D ☐ Change ☒ Addition

ENTLER, RON
302 SPRING LAKES BLVD
BRADENTON FL 34210

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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

HARRY COLCOMBE

4/17/96

Date

139-1968

Daytime Phone #

CR2E037 (12/95)