

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 # **722178** (1)

1. Corporation Name

BOCA CIEGA POINT EAST FIVE CONDOMINIUM CORPORATION, INC.



Principal Place of Business

Mailing Address

PORATION, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

PORATION, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

3. Date Incorporated or Qualified
12/01/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1571032

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

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, 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 manifesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DT CLOUD, ROBERT**
STREET ADDRESS **490 BOCA CIEGA PT BLVD SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **VD JONES, RUTH**
STREET ADDRESS **418 BOCA CIEGA PT BLVD S**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **S Not a Dir CIMAZEWSKI, MARY**
STREET ADDRESS **490 BOCA CIEGA PT BLVD S**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☒ DELETE
NAME **DS QUINN, CHARLOTTE**
STREET ADDRESS **452 BOCA CIEGA PT BLVD SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **TP CIMASZEWSKI, FRANK**
STREET ADDRESS **436 BOCA CIEGA PT. BLVD. SO.**
CITY-ST-ZIP **ST PETE FL**

TITLE ☐ DELETE
NAME **D Maren Anderson**
STREET ADDRESS **482 Boca Ciega Pt. Blvd. S.**
CITY-ST-ZIP **St. Pete. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Maren Anderson**
6.3 STREET ADDRESS **275 BOCA PT BLVD**
6.4 CITY-ST-ZIP **ST. PETE. FL**

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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

4/12/94 398-1270
Date Daytime Phone

CR2E037 (12/95)