FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

Principal Place of Business

INDIAN ROCKS BEACH FL 34835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

74 N. GULF BLVD.

21

22

23

762808

(4)

INDIAN ROCKS BEACH FL 33785-2577

Mailing Address

74 N. GULF BLVD.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

74 NORTH CONDOMINIUM ASSOCIATION, INC.

| Zip | | Country | Zip | Count | ry | | 8. This corporation has | liability for intang | ible tax under s. | 199.032, |
|---|-----------------------|--------------------------|------------------|------------|----------------------|---|----------------------------|----------------------|-------------------------|------------|
| 24 | | 25 | 29 | 30 | | | Florida Statutes | | Yes No | |
| | 9. Name | and Address of Current I | Registered Agent | | 10. Name and Address | of New Register | ed Agent | | | |
| | | | | | | Name | | | | |
| BUD BENNETT | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 74 N. GULF BLVD. 1-B | | | | | | | boo (i to box nambai to na | ooopiasio, | | |
| INDIAN ROCKS BEACH FL 84635 33785 | | | | | | | | | | |
| | | | | | | City | | | |) |
| | | | | | | City | | F | ·L ⁶⁰ 43 | 785 |
| 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 bereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | |
| SIGNATURE BUD BENNETT SEC-TRUS. Bud Bennett 1-8-91 | | | | | | | | | | |
| Stgrature, typed or printed rame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OATE | | | | | | | | | | |
| 12. | | OFFICERS AND I | | 13. | | | ADDITIONS/CHANGES | S TO OFFICERS A | 7-4 | |
| TITLE | DP | | ☐ DELETE | 1.1 TITLE | - | | | | L Change | Addition |
| NAME | STUBBL | 1.2 NAM | E | | | | | | | |
| STREET ADDRESS | 74 GULF BLVD. 3-B | | | | ET A | ADDRESS | | | | |
| CITY - ST - ZIP | | ROCKS BEACH FL | | 1.4 CITY | - \$1- | - ZiP | | | | |
| TITLE | DV | | ☐ DELETE | 2.1 TITLE | Ξ | | | | L Change | Addition |
| NAME | | ON LANCE | | 2.2 NAM | E | | | | | |
| STREET ADDRESS | 74 GULF BLVD. 1-A | | | 2.3 STRE | ET A | ADDRESS | | | | |
| CITY - ST - ZIP | INDIAN ROCKS BEACH FL | | | 2. 4 CITY | -ST | i-ZIP | | | | |
| TITLE | DST | | DELETE | 3.1 1111.5 | | | | | Change | Addition |
| NAME | BENNET | | | 3.2 NAM | Ε | | | | | |
| STREET ADDRESS | 74 GULF BLVD. 1-B | | | 3.3 STRE | ET A | DDRESS | | | | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | | | 3.4. CITY | -ST | í- ZIP | | | | |
| TITLE | | | DELETE | 4.1 TITLE | : | | | | Change | Addition |
| NAME | | | | 4. 2 NAM | E | | | | | |
| STREET ADDRESS | | | | 4.3 STRE | ETA | ADDRESS . | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | -ST- | - ZIP | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | | | ☐ Change | Addition |
| NAME | | | | 5.2 NAM | E | | | | | |
| STREET ADDRESS | | | | 5.3 STRE | ET A | ADDRESS | | | | |
| CITY-ST-7IP | | | | 5.4 CITY | -ST- | - ZIP | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | | 6.2 NAM | E | | | | | |
| STREET ADDRESS | | | | 6.3 STRE | ET A | ADDRESS | | | | |
| CITY-SI-ZIP | | | | 6.4 CITY | | | | * | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bud Dewell BUD BENNETT 1-8-97 813-593-2244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Phone * 0052300 | | | | | | | | | | |

FILED
Jan 15 1997 8:00am
Secretary of State



3a. Date of Last Report 06/12/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 04/08/1982

59-2250795

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number