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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 761160 (1)

1. Corporation Name

THE 150 BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 150-153RD AVENUE, SUITE 205 MADEIRA BCH. FL 33708		Mailing Address 150-153RD #302 SUITE 302 MADEIRA BEACH FL 33708-1856 US		3. Date Incorporated or Qualified 12/16/1981	3a. Date of Last Report 04/08/1996
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 59-2257603	Applied For Not Applicable
9. Name and Address of Current Registered Agent CHARLES J NEAL 150-153RD AVE #302 MADEIRA BEACH FL 33708		10. Name and Address of New Registered Agent 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	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE, OIGDET		1.2 NAME	TINA ZALLER	
STREET ADDRESS	040 LAKE HOLLINGSWORTH DRIVE		1.3 STREET ADDRESS	150 - 153RD AVE #200	
CITY - ST - ZIP	LAKELAND FL		1.4 CITY - ST - ZIP	MADEIRA BCH FL 33708	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSHAW, KYLE		2.2 NAME	MARGIE AMYOT	
STREET ADDRESS	150-153RD AVENUE, SUITE G		2.3 STREET ADDRESS	150-153RD AVE	
CITY - ST - ZIP	MADEIRA BEACH FL		2.4 CITY - ST - ZIP	MADEIRA BCH FL 33708	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, CHARLES J.		3.2 NAME		
STREET ADDRESS	150-153RD AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	MADEIRA BCH FL		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		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
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 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: Charles J. Neal CHARLES J NEAL 2/01/97

813-392-5866

CP2E037 (9/96)