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Feb 18 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 # N16730 (6)

1. Corporation Name

5282 95TH STREET NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5282 95TH ST. N.
UNIT #5
ST. PETERSBURG FL 33708

5282 95TH ST. N.
UNIT #5
ST. PETERSBURG FL 33708-3773

3. Date Incorporated or Qualified 09/10/1986
3a. Date of Last Report 02/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2877527
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUL JAMES
5282 95TH STREET N.
#2
ST. PETERSBURG FL 33708

81 Name Norman Mahan
82 Street Address (P.O. Box Number is Not Acceptable) 5282 95th St. N.
83 ST. PETERSBURG FL 33708
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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

Table with 5 rows for Additions/Changes. Columns: 1.1-1.4 (Title, Name, Street Address, City-St-Zip), 2.1-2.4 (Title, Name, Street Address, City-St-Zip), 3.1-3.4 (Title, Name, Street Address, City-St-Zip), 4.1-4.4 (Title, Name, Street Address, City-St-Zip), 5.1-5.4 (Title, Name, Street Address, City-St-Zip), 6.1-6.4 (Title, Name, Street Address, City-St-Zip), and checkboxes for Change and Addition.

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: Evelyn Hamilton (Signature and typed name of signing officer or director)

CR2E037 (9/96)