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May 05 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 # 757076 (5)

1. Corporation Name

TAHITI COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

814 VENETIAN DR
PO BOX 1030
DELRAY BCH FL 33483-6772

314 VENETIAN DR
PO BOX 1030
DELRAY BCH FL 33483-6702

3. Date Incorporated or Qualified
03/23/1981

3a. Date of Last Report
02/14/1996

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

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25

29

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4. FEI Number
59-2089650

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

GRAHAM, JOHN A.
314 VENETIAN DR
DELRAY BCH. FL 33444

81 Name MEADE, JOHN S. III

82 Street Address (P.O. Box Number is Not Acceptable)
314 VENETIAN DR

83

84 City DELRAY BCH

FL

85 Zip Code 33483

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME YOUNG, JACK
STREET ADDRESS 881 MELWOOD DRIVE, N.E.
CITY-ST-ZIP WARREN OH

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME GRAHAM, JOHN A.
STREET ADDRESS 314 VENETIAN DR
CITY-ST-ZIP DELRAY BCH. FL

2.2 NAME TA MEADE, JOHN S.
2.3 STREET ADDRESS 314 VENETIAN DR.
2.4 CITY-ST-ZIP DELRAY BCH. FL 33483

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME VPD CONSIDINE, THOMAS V.
STREET ADDRESS 6728 QUAKER ST
CITY-ST-ZIP ORCHARD PARK NY

3.2 NAME VPD
3.3 STREET ADDRESS FURLONG, PATRICK
3.4 CITY-ST-ZIP 2035 WILLISTEAD CIRCLE, WINDSOR
ONTARIO, CANADA N8Y 1K6

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME SD PRESTON, HENRY
STREET ADDRESS 105 E. LAUREL AVE. #103
CITY-ST-ZIP LAKE FOREST IL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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 (renewed), or on an attachment with an address.

CR2E037 (9/96)