## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(3)

18840 GULF BOULEVARD CONDOMINIUM ASSOCIATION, IN C. Principal Place of Business Mailing Address 18840 GULF BLVD, UNIT #1 18840 GULF BLVD. UNIT #1 3. Date Incorporated or Qualified INDIAN SHORES FL 33785 INDIAN SHORES FL 33785 <u>07/03/1984</u> 4. FEI Number Applied For 59-2591956 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes ☐ No Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARNER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 18840 GULF BLVD. #1 83 INDIAN SHORES FL 33785 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change ☐ Addition 1.1 TITLE THOMPSON, IRENE J. NAME 1.2 NAME 4813 RIVERSHORES DR. STREET ADDRESS 1.3 STREET ADDRESS tampa fl CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE PD 2.1 TITLE **SPIRO, FRAN** NAME 2.2 NAME **3903 VENETIAN WAY** STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TSD TITLE 3.1 TITLE Change \_\_\_ Addition **GARNER, BARBARA** NAME 3.2 NAME 18840 GULF BLVD. #1 STREET ADDRESS 3.3 STREET ADDRESS INDIAN SHORES FL 33785 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1/2/10/ (0) 500

Change

Change

Addition

Addition

**FILED** 

May 22 1998 8:00am

Secretary of State