FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 761160**

1. Corporation Name

THE 150 BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 150-153RD AVENUE, SUITE 205 Mailing Address

150-153RD #302

FILED Mar 09, 1999 8:00 am § Secretary of State

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MADIERA BCH.	. FL 33708	SUITE 302 MADEIRA BEACH FL 33708 US						
_ :	ace of Business	2a. Mailing Address		,	3. Date incorporated or Qualifed 12/16/1981		,	
21 150 15 Suite, Apt.		26 Suite, Apt. #, etc.	······································		4. FEI Number 59-2257603		' ' '	ied For Applicable
City & State	ë	City & State			5. Certificate of Status Desired	I (T	3.75 Ac Fee Req	- 1
Zip 24 337	Country	Zip 29 30	Country		Election Campaign Financing Trust Fund Contribution	<u> </u>	5.00 N Added to	- 1
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agen	<u>it</u>	
-			81	Name				ļ
CHARLES	.t NFAt		82	Street	Address (P.O. Box Number is Not Acceptab	le)		
	O AVE #302		L					
	BEACH FL 33708		83					
1111 (0 2.110)	DB 1011 / E 001 00		84	City		85	Zip C	ode
				,		FL	1	
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzea by	ine corp	corporation submits this statement for the p oration's board of directors. I hereby accept	urpose of chan the appointme	ging its r nt as reg	egistered stered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE: Re	gistered Agen	t signature i	equired when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOF	
TITLE	₩ -	⊠ DELETE	1.1 TITLE		VD		Change	Addition
NAME	ZELLER; TINA	-	1.2 NAME		ThienNguyen 150 153rd Aue Ste30a			
STREET ADDRESS	150 153RD AVE #200		1.3 STREET	ADDRESS	150 153rd Aue Ste308	2		
CITY-ST-ZIP	MADERIA BCH FL-		1.4 CITY- S	T-ZIP	Madeira Bch F1 33	708	_	,
TITLE	SD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	LAMBERT, CARY		2.2 NAME					ļ
STREET ADDRESS	150 153RD AVE		2.3 STREET	ADDRESS				
·	MADEIRA BCH FL 33708		2. 4 CITY-S					
CITY-ST-ZIP TITLE	PD	☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	NEAL, CHARLES J.		3.2 NAME					ļ
STREET ADDRESS	150-153RD AVENUE		3.3 STREET	ADDRESS				
	MADEIRA BCH FL		3.4. CITY- S					
CITY-ST-ZIP TITLE	MADEIRA BUT FL	DELETE	4.1 TITLE				Change	Addition
		_	4. 2 NAME					
NAME				ADORESS				
STREET ADDRESS			4.4 CITY-S		1			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1+21	· - · · ·		Change	Addition
TITLE			5.2 NAME			_	٠	
NAME				TADDRESS				į
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		DELETE	6.1 TITLE	· - -		П	Change	Addition
TITLE			6.2 NAME					
NAME				FADDRESS				
STREET ADDRESS			0.3 3 INCE	- ADDAEGG				

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

392-5866