

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90078 018 ****61.25

DOCUMENT # 768428

1. Corporation Name

PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

1211 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Mailing Address

1211 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/13/1983

4. FEI Number

31-1069500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FASSLER, JOHN A., DR.
1211 GULF OF MEXICO DRIVE UNIT #208
~~P.O. BOX 49948~~
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name

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

83 **NO POST OFFICE BOX**

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 **Dr. John A Fassler, President**

John Fassler

4/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KRAMAN, HYMAN MD**
STREET ADDRESS **1211 GULF OF MEXICO DR SUITE 306**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ DELETE

NAME **COHEN, EUGENE D**
STREET ADDRESS **1211 GULF OF MEXICO DR, SUITE 510.**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☒ DELETE

NAME **TROTTA, NANCY**
STREET ADDRESS **1211 GULF OF MEXICO DRIVE #801**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **PD** ☐ DELETE

NAME **FASSLER, JOHN A**
STREET ADDRESS **1211 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **VP** ☐ DELETE

NAME **AUERBACH, ROBERT**
STREET ADDRESS **1211 GULF OF MEXICO DRIVE #401**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ DELETE

NAME **SAVAGE, MARVIN**
STREET ADDRESS **1211 GULF OF MEXICO DR SUITE 303**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition

1.2 NAME **Paul Grodner**
1.3 STREET ADDRESS **1211 Gulf of Mexico Drive, #203**
1.4 CITY-ST-ZIP **Longboat Key, FL 34228**

2.1 TITLE **Secretary/Treasurer** ☐ Change ☐ Addition

2.2 NAME **Doris Loevner**
2.3 STREET ADDRESS **1211 Gulf of Mexico Drive, #702**
2.4 CITY-ST-ZIP **Longboat Key, FL 34228**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

John A Fassler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. John A. Fassler, President

4/5/99

Date

Daytime Phone #

CR2E037 (11/98)