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FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 425378

(7)

1. Corporation Name

CONDOMINIUM MANAGEMENT, INC.

Principal Place of Business

1801 GLENGARY ST
SARASOTA FL 34231

Mailing Address

1801 GLENGARY ST
SARASOTA FL 34231-3603



3. Date Incorporated or Qualified
05/08/1973

3a. Date of Last Report
03/22/1996

4. FEI Number

59-1461033

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, P RICHARD
1801 GLENGARY ST
SARASOTA FL 34231

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	CD	<input type="checkbox"/> DELETE
NAME	CLARK, P. RICHARD	
STREET ADDRESS	8752 CASEY KEY RD.	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, J.H.	
STREET ADDRESS	3752 CASEY KEY RD	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARK, D.H.	
STREET ADDRESS	2248 SCHOOL CIRCLE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, PAUL R., JR.	
STREET ADDRESS	873 PATTERSON DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JANET E.	
STREET ADDRESS	3752 CASEY KEY ROAD	
CITY - ST - ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clark, P. Richard	
1.3 STREET ADDRESS	1801 Glengary St.	
1.4 CITY - ST - ZIP	Sarasota FL 34231-3603	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clark, J.H.	
2.3 STREET ADDRESS	1801 Glengary St.	
2.4 CITY - ST - ZIP	Sarasota FL 34231-3603	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Clark, Paul R., Jr.	
4.3 STREET ADDRESS	1801 Glengary St.	
4.4 CITY - ST - ZIP	Sarasota FL 34231-3603	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clark, Janet	
5.3 STREET ADDRESS	1801 Glengary St.	
5.4 CITY - ST - ZIP	Sarasota FL 34231-3603	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Richard Clark

1/10/97

941-921-5393

CR2E034 (9/96)