

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715709** (2)
1. Corporation Name
BOCA CIEGA POINT EAST "ONE" CONDOMINIUM, INC.



Principal Place of Business Mailing Address
NC. NC.
275 BOCA CIEGA POINT BLVD. 275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1968		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1561870		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	WILKE, JACK			1.2 NAME			
STREET ADDRESS	1 BOCA CIEGA PT BLVD 307			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000			1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	DIEKHAUS, CHRISTINE			2.2 NAME			
STREET ADDRESS	1 BOCA CIEGA PT. BLVD. 115			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000			2.4 CITY-ST-ZIP			
TITLE	SD	☒ DELETE		3.1 TITLE	☐ Change ☒ Addition		
NAME	SMITH, DOROTHY			3.2 NAME	SECRETARY / A		
STREET ADDRESS	1 BOCA CIEGA PT. BLVD. 312			3.3 STREET ADDRESS	MARY MORRIS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000			3.4 CITY-ST-ZIP	275 BOCA CIEGA PT. BLVD.		
TITLE	TD	☒ DELETE		4.1 TITLE	☐ Change ☒ Addition		
NAME	MAGDA, LEO			4.2 NAME	T/D		
STREET ADDRESS	1 BOCA CIEGA PT. BLVD. 313			4.3 STREET ADDRESS	JOHN ENRIGHT		
CITY-ST-ZIP	ST. PETERSBURG FL			4.4 CITY-ST-ZIP	275 BOCA CIEGA PT. BLVD.		
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jack A. Wilke 4/12/96 (813) 398-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)