FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

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813-398-1270

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 7

715709

(2)

BOCA CIEGA POINT EAST "ONE" CONDOMINIUM, INC.

| Principal Place of Business Mailing Address | | | | | | T 1800))) 1800) 1800) BINN 1800 GENT CENT CHAIR SIGN CHEN BINN CHEN CHEN CHEN CHEN CHEN CHEN CHEN CH | | | |
|---|--|--|--------------------|--|--|--|-----------------------|---------------|---------------|
| NC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708 | | NC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 3370B | | | <u> </u> | 3. Date Incorporated or Qualified | | | |
| | | | | | | 12/12/1968 | | | |
| 01. 1 2.12,1000, | 10 12 30/50 | 01. 1212/1000/10 12 00/ | ~ | | | 4. FEI Number | | Ar | oplied For |
| | | | | | | <u>59-1561870</u> | | , No | ot Applicable |
| | tace of Business | 2s. Mailing Address | | | | 5. Certificate of Status Desired | | \$8.75 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | equired - | |
| 22 | | 27 | | ' | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 to Added to | | |
| City & State | | City & State | | | 7. Is this nonprofit corporation a h | | | | |
| 23 | | 20 | | - 1 | Yes No | | | | |
| Zip | Country Zip | | | Country 8. This corporation owes or has paid the current year Intangib | | | tangible | | |
| 24 | 25 | 29 | | Personal Property Tax due June 30. 🔲 Yes 🔲 No | | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | |
| | | | | 81 Name | 3 | | | | |
| FEDERATION OF BOCA CIEGA PT CONDO, INC. | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 275 BOCA CIEGA POINT BLVD | | | ļ | 83 | | | | | |
| SI. PEII | ERSBURG FL 33708 | | - 1 | 23 | | | | | |
| | | | Ĩ | 84 City | | | FL | 85 Zip | Code |
| 11. Pureuant | to the provisions of Sections 617 050 | 2 and 617 1508 Florida State | tes the sh | Ove-name | d cornorat | ion submits this statement for the | | chenging it | te registered |
| office or r | egistered agent, or both, in the State | of Florida. Such change was | authorized | by the co | rporation's | s board of directors. I hereby acce | pt the appo | intment as | registered |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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) DATE | | | | | | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | RS IN 12 |
| TITLE | № 0 | DELETE | 1.1 TIT | .E | | | [| Change | Addition |
| NAME | WILKE, JACK | | 1.2 NA | Æ | | | | | |
| STREET ADDRESS | - ·· - · · - · - · · · · | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | | | r-ST-ZIP | | | | | |
| TITLE | T MONTH BELLEVILLE | DELETE | 2.1 TIT | | TD | | <u> </u> | Change | Addition |
| NAME | YOKEL, BEVERLY | | 2.2 NA | | | ELSEN, Robert | | | · |
| STREET ADDRESS | 1 BOCA CIEGA PT BLVD 101 | | | EET ADDRESS | | Boca Ciega Pt Blvd | | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 SD | DELETE | | Y-ST-ZIP | st. | Petersburg, Fl. 33 | | Change | Addition |
| TITLE | MARY MORRIS | | 3.1 7/7 | | | | | Creating | LI AGGROUI |
| NAME | 275 BOCA CIEGA PT BLVD. | | 3.2 NA | | | | | | |
| STREET ADDRESS | ST PETERSBURG, FL 00000 | | | EET ADDRESS | | | | | ļ |
| CITY-ST-ZIP TITLE | VPD | DELETE | 4.1 TIT | Y-ST-ZIP F | | | | Change | Addition |
| NAME | JOHN ENRIGHT | | 4.2 NA | | | | • | | |
| STREET ADORESS | 275 BOCA CIEGA PT. BLVD. | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | -ST-ZIP | 1 | | | | |
| TITLE | DP | DELETE | 5.1 TIT | | | | | Change | Addition |
| NAME | KALISH, DORIS | | 5.2 NA | Æ | | | | | |
| STREET ADDRESS | 275 BOCA CIEGA PT BLVD | | 5.3 ST | EET ADDRESS | | | | |] |
| CITY-ST-ZWP | ST PETERSBURG FL | | | -ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TIT | E | | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | | | 6.2 NA | AE . | 1 | | | | |
| STREET ADDRESS | | | 6.3 STF | eet address | 1 | | | | ſ |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | W | |
| 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. | | | | | | | | | |
| DIUUK 121 | A PICOV IS ILOUGHARAN OU BUILDING | CIRCIDITE WHILE COLOURSS. | | , | /1 | _ | | | |