FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:45

DOCUMENT # 721097 (4)

1. Corporation Name

BONEFISH TOWERS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2000 COCO PLUM DRIVE MARATHON FL 33050	2000 COCO PLUM DRIVE MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1971
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-1641175 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF P.A.
6161 BLUE LAGOON DR.
STE. 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	SCELZO, JOSEPH F	12 NAME		
STREET ADDRESS	2000 COCO PLUM DR, #603	13 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	14 CITY-ST-ZIP		
TITLE	VS	21 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	BLEIDNER, JAMES	22 NAME		
STREET ADDRESS	2000 COCO PLUM DR., #706	23 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	24 CITY-ST-ZIP		
TITLE	~~T~~	31 TITLE	Director	☐ Change ☒ Addition
NAME	~~RIEDEL, ARTHUR T~~	32 NAME	Sant, John	
STREET ADDRESS	~~2000 COCO PLUM DR., #1204~~	33 STREET ADDRESS	115 Valhalla Drive	
CITY-ST-ZIP	~~MARATHON FL~~	34 CITY-ST-ZIP	New Castle, PA 16105	
TITLE	D	41 TITLE	Director	☐ Change ☒ Addition
NAME	ATWOOD, WILLIAM	42 NAME	Plante, Carole	
STREET ADDRESS	2000 COCO PLUM DR., #804	43 STREET ADDRESS	10233 Sundance Court	
CITY-ST-ZIP	MARATHON FL	44 CITY-ST-ZIP	Potomac, MD 20854	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BARNES, RICHARD	52 NAME		
STREET ADDRESS	5450 ALLISONVILLE RD.	53 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	VP	☒ Change ☐ Addition
NAME	BOGAN, MARY K	62 NAME		
STREET ADDRESS	15841 ROBIN LN.	63 STREET ADDRESS		
CITY-ST-ZIP	MISHAWAKA IN	64 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)(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.

SIGNATURE: James B. Bleidner 4/4/95 305-289-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary/Treasurer

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