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 # **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

3. Date Incorporated or Qualified: **06/07/1971**

3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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 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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCELZO, JOSEPH F		1.2 NAME	Carole Plante	
STREET ADDRESS	2000 COCO PLUM DR, #603		1.3 STREET ADDRESS	10233 Sundance Court	
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP	Potomac, MD 10854	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLEIDNER, JAMES		2.2 NAME		
STREET ADDRESS	2000 COCO PLUM DR., #706		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANT, JOHN		3.2 NAME		
STREET ADDRESS	115 VALHALLA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CASTLE PA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ATWOOD, WILLIAM		4.2 NAME		
STREET ADDRESS	2000 COCO PLUM DR., #804		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, RICHARD		5.2 NAME		
STREET ADDRESS	5450 ALLISONVILLE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOGAN, MARY K		6.2 NAME		
STREET ADDRESS	15641 ROBIN LN.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MISHAWAKA IN		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: James Bleidner 3/7/96 (305) 289-0488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #