

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 # 723205 (1)
1. Corporation Name
THE FRANGIPANI CONDOMINIUM APARTMENTS, INC.



Principal Place of Business Mailing Address
**31 OCEAN REEF DR #A-207
KEY LARGO FL 33037**

3. Date Incorporated or Qualified **04/19/1972** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1508374** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MOSS, EVELYN
31 OCEAN REEF DR #A-207
KEY LARGO FL 33037**

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 *Evelyn Moss, Agent*
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	DV ☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	DEVINE, PATRICK	1.2 NAME	Devine, Patrick
STREET ADDRESS	31 OCEAN REEF DR #A-207	1.3 STREET ADDRESS	31 Ocean Reef Dr A-207
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	PD ☐ DELETE	2.1 TITLE	DVP ☒ Change ☐ Addition
NAME	ROSE, MARSHA	2.2 NAME	Rose, Marsha
STREET ADDRESS	31 OCEAN REEF DR #A-207	2.3 STREET ADDRESS	31 Ocean Reef Dr A-207
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRISP, CYNTHIA	3.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	
TITLE	POA ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOSS, EVELYN	4.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	
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: *Evelyn Moss, Agent*
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)