

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

APPROVED
AND
FILED

95 MAR 10 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752315 (2)

1. Corporation Name

COURT STREET CONDOMINIUM, INC.

Principal Place of Business

815-825 COURT STREET
CLEARWATER FL 34616
US

Mailing Address

C/O RESOURCE PROPERTY MANAGEMENT
1601 EAST BAY DRIVE, SUITE 4
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1980

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2949787

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 103 Cleveland Ave S.W.

Suite, Apt. #, etc.

27 City & State

28 LARGO FL

29 Zip

30 34640

Country

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINHARDT, DEBRA A.
C/O RESOURCE PROPERTY MANAGEMENT
1601 EAST BAY DRIVE, SUITE 4
LARGO, FL 34641

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

103 Cleveland Ave S.W.

83

84 City

LARGO

FL

85 Zip Code

34640

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATSON, MARK
STREET ADDRESS	1730 BAYSHORE BLVD.
CITY-ST-ZIP	DUNEDIN FL
TITLE	STD
NAME	SILVERMAN, FRANCA
STREET ADDRESS	110 HARBORAGE CT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	VP
NAME	SILVERMAN, PHILIP
STREET ADDRESS	110 HARBORAGE CT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

12960 106th Ave N

LARGO, FL 34644

☒ Change ☐ Addition

3.1 TITLE

President

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

12960 106th Ave N.

Largo, FL 34644

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franca Silverman

Date

Daytime Phone #

441-4943