

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 # 733211 (7)
1. Corporation Name
5601 GULF OF MEXICO DRIVE APTS., A CONDOMINIUM, INC.



Principal Place of Business Mailing Address
**C/O WEDEBROCK REAL ESTATE CO
6350 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228-8513**

3. Date Incorporated or Qualified 07/03/1975	3a. Date of Last Report 03/01/1995
4. FEI Number 17-6141854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WEDEBROCK AGENCY 6350 GULF OF MEXICO DR. LONGBOAT KEY FL 34228-8513	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, B W	12 NAME	
STREET ADDRESS	3146 LAUREL GROVE S.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, JEAN M.	22 NAME	
STREET ADDRESS	11717 POTTER RD.	23 STREET ADDRESS	
CITY - ST - ZIP	BELLEVUE OH	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, MICHAEL W	32 NAME	
STREET ADDRESS	84 DAVIS BLVD., #506	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISCH, T.J.	42 NAME	
STREET ADDRESS	5601 GULF OF MEXICO DR 5	43 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL	44 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, NELLIE	52 NAME	
STREET ADDRESS	AMERICAN EMBASSY (STATE)	53 STREET ADDRESS	
CITY - ST - ZIP	APO FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGLER, KENNEDY III	62 NAME	
STREET ADDRESS	120 40TH ST CT NW	63 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	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)(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: *Jean M. Zimmerman* Date: *Jan 25, 1996*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)