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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

C/O WEDEBROCK REAL ESTATE CO
6350 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228-1513

3. Date Incorporated or Qualified
07/03/1975

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

17-6141854

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

WEDEBROCK AGENCY
6350 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228-8513

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

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 D [] DELETE
NAME FRANKLIN, B W
STREET ADDRESS 3146 LAUREL GROVE S.
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DP [] DELETE
NAME ZIMMERMAN, JEAN M.
STREET ADDRESS 11717 POTTER RD.
CITY - ST - ZIP BELLEVUE OH

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D [] DELETE
NAME BAUMANN, MICHAEL W
STREET ADDRESS 84 DAVIS BLVD., #508
CITY - ST - ZIP TAMPA FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DVP [] DELETE
NAME EISCH, T.J.
STREET ADDRESS 5601 GULF OF MEXICO DR 5
CITY - ST - ZIP LONGBOAT KEY FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DST [] DELETE
NAME WOODARD, NELLIE
STREET ADDRESS AMERICAN EMBASSY (STATE)
CITY - ST - ZIP APO FL

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D [] DELETE
NAME LEGLER, KENNEDY III
STREET ADDRESS 120 40TH ST CT NW
CITY - ST - ZIP BRADENTON FL

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: Jean W. Zimmerman JEAN W. ZIMMERMAN 1/9/97 941-383-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062623

CR2E037 (9/96)