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 MAY -1 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735083 (8)

1. Corporation Name
BLIND PASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5117 SEA BELL RD SANIBEL FL 33957	5117 SEA BELL RD SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1976
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-1740802 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROBERTS, FAYE
1417 SO LARKWOOD SQ
FT. MYERS FL 33907

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 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 _____ 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 D	11 TITLE	Treasurer D	☐ Change ☒ Addition
NAME	BURKS, WILLIAM	12 NAME	Josephine Porfido	
STREET ADDRESS	135 HILLARY LN	13 STREET ADDRESS	16 Lakewood Dr.	
CITY-ST-ZIP	PENFIELD NY	14 CITY-ST-ZIP	Denville, NJ 07834	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BOWE, ED	22 NAME		
STREET ADDRESS	1375 S. FIELDLAKE LN.	23 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP		
TITLE	V D	31 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, FAYE	32 NAME		
STREET ADDRESS	1417 SO LARKWOOD SQ	33 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	INGRAHAM JUNE	42 NAME		
STREET ADDRESS	RFD #1 BOX 2035	43 STREET ADDRESS		
CITY-ST-ZIP	PALMERO ME	44 CITY-ST-ZIP		
TITLE	S D	51 TITLE		☐ Change ☐ Addition
NAME	HILTON, MARY	52 NAME		
STREET ADDRESS	1400 WILLOW #1601-02	53 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	54 CITY-ST-ZIP		
TITLE	VP D	61 TITLE		☐ Change ☐ Addition
NAME	MOORE, WILLIAM	62 NAME		
STREET ADDRESS	RD 2 BOX 85B NA	63 STREET ADDRESS		
CITY-ST-ZIP	NEW BLOOMFIELD PA	64 CITY-ST-ZIP		

$8.75 Deposited by Bank

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)(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: Josephine Porfido Apr 15, 1995 813-472-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPHINE PORFIDO

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