FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

735083

(8)

Mailing Address

BLIND PASS CONDOMINIUM ASSOCIATION, INC.

1400 WILLOW #1601-02

LOUISVILLE KY

MOORE, WILLIAM

RD 2 BOX 85B NA

NEW BLOOMFIELD PA

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

5117 SEA BELL SANIBEL FL 33		5117 SEA BELL RD SANIBEL FL 33957-2519				
					3. Date Incorporated or Qualified 03/02/1976	3a. Date of Last Report 04/24/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				59-1740802	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, e		etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	B. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		, 101100 010101	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent
				81 Name	REWONDA S. CROSS	
ROBERTS, FAYE				82 Street Address (P.O. Box Number is Not Acceptable)		
1417-SO LARKWOOD SQ				5117 Sea Boll Ro.		
FT: MYERS FL-33007				83		
				84 City	Sanibel 1	FL 85 Zip Code 3.3957
		00 1047 4000 Fire in the		;	Jan Bay	
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the Stat	02 and 617.1508, Florida Statt e of Florida. Such change was	ites, the ai authorize	oove-named d by the com	corporation submits this statement for the puporation's board of directors. I hereby accept	the appointment as registered
agent. I a	m familia, with, and accept the obli	gations of Section 617.0503, F	lorida Stat	utes.	corporation's board of directors. Thereby accept	29/97
SIGNATURE .	Menoras C	25 Charles			7/0	
45	Signature, typed or printed name of registered as	gent and litie if applicable (NO ND DIRECTORS	TE: Registere	Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE F DO AND DIDECTORS IN 19
12. TITLE	OFFICERS AI	ND DIRECTORS DELETE	1.1 TI	f1 E	T ADBITIONS/CHANGES TO OFFICE	Change Addition
	HADEBLINE BAREIRO	Diccie	1.2 N		michael Cuscaden	
NAME	JOSEPHINE PORFIDO			REET ADDRESS	SHIT SEE BOOR Rd =# B	105
STREET ADDRESS	18-LAKEWOOD DR				Sanisel FL 33957	
CITY-ST-ZIP	DENVILLE NJ	DELETE	2.1 TI	TY-ST-ZIP	Samire IL , 55751	Change Addition
TITLE	VP	ריין מנגננונ			·	Change E Rability
NAME	BOWE, ED		2.2 N			
STREET ADDRESS	1375 S. FIELDLAKE LN.			REET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	D DELETE		ITY - ST - ZIP		Change
TITLE	40 -	DELETE	3.1 ₹1			L_J Change L_I Addition
NAME	ROBERTS, FAYE		3.2 N			
STREET ADDRESS	1 417-60 LARKWOOD S Q		3.3 S	REET ADDRESS		
CITY-ST-ZIP	FT MYERS PL	· · · · · · · · · · · · · · · · · · ·		TY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 11	TLE		Change Addition
NAME	JOE SCHNEIDLER		4 2 1	AME		
STREET ADDRESS	1860 N. CO. RD 525E		4.3 S	REET ADDRESS		
CITY-ST-ZIP	LOGONSPORT IN		4.4 C	TY-\$T-ZIP		
TITLE	SD	DELETE	5.1 Ti	TLE		☐ Change ☐ Addition
NAME	HILTON, MARY		5.2 N	AME		

14. Ido 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

(OH) 1175 HIML

Change

Addition

FILED

May 14 1997 8:00am

Secretary of State