

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09 1998 8:00am
Secretary of State

DOCUMENT # 735083 (8)
1. Corporation Name
BLIND PASS CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified
03/02/1976

4. FEI Number **59-1740802**
Applied For ☐ Not Applicable ☐

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CROSS, REVONDA
5117 SEA BALL RD.
SANIBEL FL 33957**

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 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	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSCADEN, MICHAEL	1.2 NAME	
STREET ADDRESS	5117 SEA BALL RD., #B105	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWE, ED	2.2 NAME	
STREET ADDRESS	1376 S. FIELDLAKE LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE SCHMEIDLER	3.2 NAME	
STREET ADDRESS	1800 N. CO. RD 525E	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOGANSPOIN IN	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, MARY	4.2 NAME	
STREET ADDRESS	1400 WILLOW #1801-02	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WILLIAM	5.2 NAME	
STREET ADDRESS	RD 2 BOX 855-NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BLOOMFIELD PA	5.4 CITY-ST-ZIP	
TITLE	*	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Revonda J. Cross, Registered Agent* 7/2/98 (94) 472-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)