

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90038 050 ****61.25

DOCUMENT # 735083

1. Corporation Name

BLIND PASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5117 SEA BELL RD
SANIBEL FL 33957

Mailing Address

5117 SEA BELL RD
SANIBEL FL 33957



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/02/1976

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

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

Michael J. Disler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE
NAME CUSCADEN, MICHAEL
STREET ADDRESS 5117 SEA BALL RD., #B105
CITY-ST-ZIP SANIBEL FL

VP ☐ DELETE
NAME BOWE, ED
STREET ADDRESS 1375 S. FIELDLAKE LN.
CITY-ST-ZIP HOMESTEAD FL

D ☐ DELETE
NAME JOE SCHWEIDLER
STREET ADDRESS 1860 N. CO. RD 525E
CITY-ST-ZIP LOGSPORT IN

SD ☐ DELETE
NAME HILTON, MARY
STREET ADDRESS 1400 WILLOW #1601-02
CITY-ST-ZIP LOUISVILLE KY

P ☐ DELETE
NAME DISLER, MICHAEL
STREET ADDRESS 329 SOUTH COMMERCE
CITY-ST-ZIP SEBRING FL 33870

D ☐ DELETE
NAME EGAN, DICK
STREET ADDRESS 8 SAGAMORE
CITY-ST-ZIP WEST YARMOUTH MA 02673

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Michael J. Disler* **Michael J. Disler** Cuscaden, 4/29/99 (941) 472-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #

CR2E037 (11/98)