NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738760

1. Corporation Name

ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 5758 54TH AVENUE N. ST. PETERSBURG FL 33709 Mailing Address

5758 54TH AVENUE N. ST. PETERSBURG FL 33709

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90252 001 ***211.25

2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			04/19/1977		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27			59-2778374 Not Applicable		
City & State		City & State			5. Certificate of Status Desired \$8.75 Additional		
23		28			Fee Required		
Zip	Country	Zip	_ Country		6. Election Campaign Financing \$5.00 May Be		
24	25	29 3	0		Trust Fund Contribution Added to Fees		
	9. Name and Address of Current	t Registered Agent	- 04	N	10. Name and Address of New Registered Agent		
			81	Name			
COLEN, SIDNEY			82	82 Street Address (P.O. Box Number is Not Acceptable)			
5758 54TH AVENUE N.							
ST. PETER	RSBURG FL 33709		83				
İ			84	City	85 Zip Code		
ı				<u> </u>	FL FL FL FL FL FL FL FL		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	the abov	e-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
οπice or r	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 617.0503, Florid	ia Statutes	ine corpor	ration's total of differents. Thereby decept the appointment 25 125-55-55		
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Age	nt signature rec	equired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	COLEN, SIDNEY		1.2 NAME				
STREET ADDRESS 5758 54TH AVE. NORTH		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL.		1.4 CITY- S	T-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	FUNK, RAYMOND J.	•	2.2 NAME				
STREET ADDRESS 5758 54TH AVE. NORTH		2.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-	ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Additi		
NAME	POLLACK, A		3.2 NAME				
		3.3 STREE	TADORESS				
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addite		
NAME	Colen, Kenneth		4 2 NAME				
STREET ADDRESS	5758 54TH AVENUE NORTH			T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-S				
TITLE	U. I EIEIODONO I E	☐ DELETE	5.1 TITLE		☐ Change ☐ Additi		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi		
			6.2 NAME				
NAME			1	T ADDRESS			
STREET ADDRESS			4				
CITY-ST-ZIP			6.4 CITY-5	11-211			

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 of powered 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 the decess with all other like empowered.

SIGNATURE: