# 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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR 20 PM 2:29**

DOCUMENT # 739506 (4)

1. Corporation Name
CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1036 S COLLIER BLVD<br>MARCO ISLAND FL 33937 | PO BOX 363<br>MARCO ISLAND FL 33969<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1977
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1901000 ☐ 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 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

JACOB, MARCEL
997 N. COLLIER BLVD.
MARCO ISLAND FL 33937

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 | D | 1.1 TITLE | VP ☐ Change ☑ Addition |
| NAME | GEYER, JOHN | 1.2 NAME | LEEBER, ROBERT |
| STREET ADDRESS | 1036 S. COLLIER BLVD. | 1.3 STREET ADDRESS | 1036 S. COLLIER BLVD |
| CITY-ST-ZIP | MARCO ISLAND FL | 1.4 CITY-ST-ZIP | MARCO IS FL 33937 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, J LLOYD | 2.2 NAME | |
| STREET ADDRESS | 1036 S COLLIER | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | O'CONNER, JOAN | 3.2 NAME | |
| STREET ADDRESS | 1036 S COLLIER | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | ~~PD~~ D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~WAITE, HERBERT~~ STEARS, GLENN | 4.2 NAME | |
| STREET ADDRESS | 1036 S. COLLIER BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLD FL | 4.4 CITY-ST-ZIP | |
| TITLE | PD TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICE, C.A. | 5.2 NAME | |
| STREET ADDRESS | 1036 S. COLLIER | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL | 5.4 CITY-ST-ZIP | |
| TITLE | ~~V~~ P D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | EATON, 'BO' H | 6.2 NAME | |
| STREET ADDRESS | 1036 SO COLLIER BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLD FL | 6.4 CITY-ST-ZIP | |

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 attached sheet with an address.

**SIGNATURE:** _____ 3/13/95 813-394-6975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D08T767