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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 739506 (4)
1. Corporation Name
CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1036 S COLLIER BLVD
MARCO ISLAND FL 33937

Mailing Address
PO BOX 363
MARCO ISLAND FL 34146-0363
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1977		3a. Date of Last Report 02/21/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1901000		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACOB, MARCEL 997 N. COLLIER BLVD. MARCO ISLAND FL 33937				81 Name Senthaporn Fright			
				82 Street Address (P.O. Box Number is Not Acceptable) 551 Elkhorn Circle			
				83			
				84 City Marco Island FL 85 Zip Code 34145			

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 Guergen Droese, Manager DATE 4-24-97
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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	NAME	GEYER, JOHN	1.1 TITLE	2ND V.P.		
STREET ADDRESS	1036 S. COLLIER BLVD.			1.2 NAME			
CITY-ST-ZIP	MARCO ISLAND FL			1.3 STREET ADDRESS			
TITLE	D	NAME	BROWN, J LLOYD	1.4 CITY-ST-ZIP			
STREET ADDRESS	1036 S COLLIER			2.1 TITLE	LEEER, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP	MARCO ISLAND FL			2.2 NAME	1036 S. COLLIER BLVD. #202 1ST V.P.		
TITLE	S	NAME	O'CONNER, JOAN	2.3 STREET ADDRESS	MARCO ISLAND, FL 34145		
STREET ADDRESS	1036 S COLLIER			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	MARCO ISLAND FL			3.1 TITLE	DRAHEIM, JUDGE NEWT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	NAME	STEARNS, GLENN	3.2 NAME	P.O. Box 424 DIR.		
STREET ADDRESS	1036 S. COLLIER BLVD.			3.3 STREET ADDRESS	CLARION, IA 50525		
CITY-ST-ZIP	MARCO ISLD FL			3.4 CITY-ST-ZIP			
TITLE	TD	NAME	RICE, C.A.	4.1 TITLE	SULLIVAN, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	1036 S. COLLIER			4.2 NAME	1036 S. COLLIER BL #104 DIR.		
CITY-ST-ZIP	MARCO ISLAND FL			4.3 STREET ADDRESS	MARCO ISLAND, FL 34145		
TITLE	PD	NAME	EATON, 'BO' H	4.4 CITY-ST-ZIP			
STREET ADDRESS	1036 SO COLLIER BLVD			5.1 TITLE	MR. RICE IS TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MARCO ISLD FL			5.2 NAME	BUT NOT A BOARD MEMBER		
				5.3 STREET ADDRESS	PER CONDO. DOCUMENTS.		
				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE	HALASCHAK, BERNARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME	1036 S. COLLIER BL. #102 DIR.		
CITY-ST-ZIP				6.3 STREET ADDRESS	MARCO ISLAND, FL 34145		
				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)