

FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90064 010 ****61.25

0077300

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 739506

1. Corporation Name

CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1036 S COLLIER BLVD
MARCO ISLAND FL 34145
US

Mailing Address

PO BOX 363
MARCO ISLAND FL 34146
US

471547 - 90064 - 10



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/28/1977

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

9. Name and Address of Current Registered Agent

SOUTHPORT MGMT
551 ELKEAM CIRCLE
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name **SAFE HARBOR PROPERTY MGMT**
82 Street Address (P.O. Box Number is Not Acceptable)
233 N. COLLIER BLVD
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

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SHERIDY, LESTER**
STREET ADDRESS **1036 S COLLIE BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ DELETE

NAME **SA HYLASCHAK, BARNEY**
STREET ADDRESS **1036 S COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ DELETE

NAME **P DRAHEIM, JUDGE N**
STREET ADDRESS **P O BOX 424**
CITY-ST-ZIP **CLARION IA**

TITLE ☐ DELETE

NAME **D STEARS, GLENN**
STREET ADDRESS **1036 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLD FL 34145**

TITLE ☐ DELETE

NAME **D HAUSE, CLYDE 1086 S C**
STREET ADDRESS **1036 S. COLLIER**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Ted Thompson**
1.3 STREET ADDRESS **1036 S. Collier Blvd., #301**
1.4 CITY-ST-ZIP **Marco Island, FL 34145**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Kenneth G. Joynt**
2.3 STREET ADDRESS **1036 S. Collier Blvd., #401**
2.4 CITY-ST-ZIP **Marco Island, FL 34145**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Sol Skolnik**
3.3 STREET ADDRESS **1036 S. Collier Blvd., #602**
3.4 CITY-ST-ZIP **Marco Island, FL 34145**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

941.394.1101
Daytime Phone #

CR2E037 (11/98)