

**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 JAN 18 AM 9:10

DOCUMENT # 741471 (7)  
1. Corporation Name  
**POWELL AND YANSON BUILDING CONDOMINIUM ASSOCIATI  
ON, INC.**

Principal Place of Business Mailing Address  
550 FIFTH AVENUE SOUTH 550 FIFTH AVENUE SOUTH  
NAPLES FL 33940-6814 NAPLES FL 33940-6614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/27/1978</b>	3a. Date of Last Report <b>01/19/1994</b>
4. FEI Number <b>59-1826920</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**CANNON, CHARLES  
400 FIFTH AVENUE SOUTH, #200  
#301  
33940**

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 \_\_\_\_\_ (Name, typed or printed name of registered agent and title if applicable) \_\_\_\_\_ (Typed Name of Registered Agent) \_\_\_\_\_ (Typed Name of Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO YANSON, OSCAR F. 550 FIFTH AVE. SOUTH NAPLES FL</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD DONOVAN, LAWRENCE J. 550 FIFTH AVENUE SOUTH NAPLES FL</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CANNON, CHARLES 400 FIFTH AVENUE SOUTH, #200 NAPLES FL</b>	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD GAMBLE, DELORES 530 FIFTH AVENUE SOUTH NAPLES FL</b>	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BRYAN, CARTER 550 FIFTH AVENUE SOUTH NAPLES FL</b>	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST CANNON, CHARLES (ASST) 600-5TH AVENUE S. #301 NAPLES FL</b>	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(k), 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.

SIGNATURE: *Charles E. Cannon* Charles E. Cannon 1/13/95 813-262-3899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)