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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

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****130.00 ****130.00

DOCUMENT # 741538

1. Corporation Name

La Puerta Del Sol Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5633 Puerta Del Sol Blvd. St. Petersburg, FL 33715	C/O Seaboard Arbors 1120 Pinellas Bayway, Ste. #107 Tierra Verde, FL 33715

3. Date Incorporated or Qualified: 2-7-78
3a. Date of Last Report: 3-2-94
4. FEI Number: 59-1911381 ☐ 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	10. Name and Address of New Registered Agent
Al Lindberg Professional Bayway Management 5901 Sun Boulevard, Ste. 203 St. Petersburg, Florida 33715	81 Name: Lennard A. Leighton 82 Street Address (P.O. Box Number is Not Acceptable): 1700 McMullin-Booth Rd., Suite C3 83 84 City: Clearwater FL 85 Zip Code: 34619

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: [signature] 4/27/95
(Type or print name of Registered Agent and, if applicable, the office address.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	P ☐ Change ☐ Addition
NAME		1.2 NAME	Jack Eidelman
STREET ADDRESS		1.3 STREET ADDRESS	5541 Puerta Del Sol Blvd. #318
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Petersburg, Florida 33715
TITLE	Vice-President	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	A. Gilbert Turner	2.2 NAME	Gilbert A. Turner
STREET ADDRESS	5633 La Puerta Del Sol	2.3 STREET ADDRESS	5633 Puerta Del Sol Blvd. #306
CITY-ST-ZIP	St. Petersburg, FL. 33715	2.4 CITY-ST-ZIP	St. Petersburg, Florida 33715
TITLE		3.1 TITLE	S ☐ Change ☐ Addition
NAME		3.2 NAME	Gerald Reid
STREET ADDRESS		3.3 STREET ADDRESS	5633 Puerta Del Sol Blvd. #408
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Petersburg, Florida 33715
TITLE		4.1 TITLE	T ☐ Change ☐ Addition
NAME		4.2 NAME	Francis Connors
STREET ADDRESS		4.3 STREET ADDRESS	5825 Puerta Del Sol Blvd. #168
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, Florida 33715
TITLE		5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	Henry Wasiak
STREET ADDRESS		5.3 STREET ADDRESS	5541 Puerta Del Sol Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, Florida 33715
TITLE		6.1 TITLE	D ☐ Change ☐ Addition
NAME		6.2 NAME	Edward Mitchell
STREET ADDRESS		6.3 STREET ADDRESS	5729 Puerta Del Sol Blvd. #384
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, Florida 33715

[signature] 5-12-95

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 attachment with an address.

SIGNATURE: [signature] 4/26/95 864-3766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gilbert Turner