

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **744544** (8)

1. Corporation Name

**RIGGER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% PATRICIA A. HANNON  
283 104TH AVE., APT. 103  
TREASURE ISLD. FL 33706

% PATRICIA A. HANNON  
283 104TH AVE., APT. 103  
TREASURE ISLD. FL 33706

3. Date Incorporated or Qualified  
**10/11/1978**

3a. Date of Last Report  
**01/24/1995**

4. FEI Number  
**NOT APPLICABLE**

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**

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 **283 104TH AVE**

26 **283 104TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#100**

27 **#100**

City & State

City & State

23 **TREASURE ISL.**

28 **TREASURE ISL.**

Zip

Zip

24 **33706**

25 **PINELLAS**

29 **33706**

30 **PINELLAS.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNON, PATRICIA A.  
283 104TH AVE.  
APT. 103  
TREASURE ISLD. FL 33706

81 Name **SIDORENKO KONSTANTIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**283 104TH AVE #100**  
83 **TREASURE ISLAND**  
84 City  
**FL** 85 Zip Code  
**33706**

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 *Konstantin Sidorenko*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANNON, PAT	
STREET ADDRESS	283 104TH AVE, #103	
CITY-ST-ZIP	TREASURE ISLD. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIDORENKO, K	
STREET ADDRESS	283 104TH AVE, #201	
CITY-ST-ZIP	TREASURE ISLD. FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PIGG, FRANK	
STREET ADDRESS	283 104TH AVE., APT. 104	
CITY-ST-ZIP	TREASURE ISLD. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOERGEN, ANN	
STREET ADDRESS	283 104TH AVE	
CITY-ST-ZIP	BRONX NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIS, SYLVIA	
STREET ADDRESS	7907 SAILBOAT KEY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARILYN KILL	
1.3 STREET ADDRESS	283 104TH AVE	
1.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
2.1 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DR. W. BEATON	
2.3 STREET ADDRESS	255 CAPRICORN AVE #23	
2.4 CITY-ST-ZIP	TREASURE ISL FL 33706	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: *Konstantin Sidorenko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18-96 813 367-2092  
SG 3-4-96  
Date Daytime Phone #

CR2E037 (12/95)