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Jan 27 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 # 744544 (8)

1. Corporation Name

RIGGER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

283 104TH AVE
#100
TREASURE ISLAND FL 33706

283 104TH AVE
#100
TREASURE ISLAND FL 33706-4871

3. Date Incorporated or Qualified
10/11/1978

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDORERIRO, KONSTANTIN
283 104TH AVE.
#100
TREASURE ISLAND FL 33706

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 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 Sidoreriro* TREASURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME KICE, MARILYN
STREET ADDRESS 283 104TH AVE
CITY-ST-ZIP TREASURE ISLD. FL

1.1 TITLE *R* ☐ Change ☒ Addition
1.2 NAME GARY DION
1.3 STREET ADDRESS 283 104TH AVE #202
1.4 CITY-ST-ZIP TREASURE ISL. FL 33706

TD ☐ DELETE
NAME SIDORENKO, K
STREET ADDRESS 283 104TH AVE, #201
CITY-ST-ZIP TREASURE ISLD. FL 33706

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S ☐ DELETE
NAME BEATON, W.
STREET ADDRESS 255 CAPRI CIR #23
CITY-ST-ZIP TREASURE ISLD. FL 33706

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D ☐ DELETE
NAME GOERGEN, ANN
STREET ADDRESS 283 104TH AVE
CITY-ST-ZIP BRONX NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

VP ☐ DELETE
NAME DAVIS, SYLVIA
STREET ADDRESS 7907 SAILBOAT KEY
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Konstantin Sidoreriro* SIDORENKO JAN 12-97 367-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050307

CR2E037 (9/96)