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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

FILED Feb 13 1998 8:00am Secretary of State

3000	TERZA EAST CONDOMI	MON AGG		1140.					
Principal Place of Business		Mailing Address					11 B14 B1841 B1811 B1		
880 71ST. AVE. ST. PETERSBURG BEACH FL 33706		680 71ST. AVE. ST. PETERSBURG BEACH FL 33706				3. Date Incorporated or Qualified 11/15/1978			
							4. FEI Number	 	plied For
9 Oringinal D	lace of Business	1 30 14.	ling Address				59-1873314		t Applicable
21		26					5. Certificate of Status Desired	\$8.75 / Fee Re	
Suite, Apt.	#, etc	}n	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
City & State		[27]	City & State				Trust Fund Contribution	Added to	*
23	•	28	G CHING				7. Is this nonprofit corporation a homeown Yes		n ?
Zip	Country	Zip			ountry		8. This corporation owes or has paid the c		angible
24	25	29		30	•		Personal Property Tax due June 30.		No
	9. Name and Address of Curre		d Agent				10. Name and Address of New Registere	d Agent	7
					81	Name			
BROIDA, JOEL D. 605 75TH AVENUE					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	ERSBURG BEACH, FL. 33706				В3				
					84	City		85 Zip (Code
	*					·	F	L	
office or r agent 1 a	to the provisions of Sections 617 05 egistered agent, or both, in the State im familiar with, and accept the oblic	.02 and 617.19 e of Florida S gations of, Sec	508, Florida Stati uch change was stion 617.0503, F	utes, the s authoriz Torida St	above red by tatutes	e-named corp the corporat s.	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing it opointment as	s registered registered
SIGNATURE									
	Signatore, typed or product some of trigodicted ag				· · · · · · · · · · · · · · · · · · ·	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	AD DIRECTOR	RS DELETE	13	TITLE	· · · · ·	ADDITIONS/CHANGES TO OFFICERS AF	Change	S IN 12 Addition
NAME	URECH, ALFRED C.		breen		NAME			CT Outside	
STREET ADORESS	680 71ST AVE. APT 5			1.42	DECORUL.	I			
CITY-ST-ZIP	ST PETERSBURG BH,FL0000			1 2	CTOCCT	AUDDESS			
TITLE	01 7 2 1 2 1 0 0 0 1 1 0 1 1 7 1 0 0 0 0	γο				AODRESS		75	
1		00	DELETE	1.4	CITY-S	T - ZIP	<u> </u>	X Change	Addition
NAME	STD	00	⊠ DELETE	1.4 2.1	CITY-ST	T-ZIP		X Change	☐ Addition
NAME STREET ADORESS	std Borgianini, Alfred H.) 0	⊠ DEL ETE	1.4 2.1 2.2	CITY-ST TITLE NAME	S'.	rn ARNES,JOYCE 24 69th AVE UNIT 202	Change	☐ Addition
	STD	X	⊠ DEL€TE	1.4 2.1 2.2 2.3	CITY-ST TITLE NAME	T-ZIP S'. BA	ARNES, JOYCE	Change	Addition
STREET ADORESS	STD Borgianini, Alfred H. 182 27th ave n		DELETE	1.4 2.1 2.2 2.3 2.4	CITY-ST TITLE NAME STREET	T-ZIP S'. BA	ARNES, JOYCE 24 69th AVE UNIT 202	Change	Addition
STREET ADORESS CITY-ST-ZIP	STD Borgianini, Alfred H. 182 27th Ave N St. Petersburg Beach,			1.4 2.1 2.2 2.3 2.4 3.1	CITY-ST TITLE NAME STREET:	T-ZIP S'. BA	ARNES, JOYCE 24 69th AVE UNIT 202		
STREET ADORESS CITY-ST-ZIP TITLE	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD			1.4 2.1 2.2 2.3 2.4 3.1 3.2	CITY-SI TITLE NAME STREET ICITY-S TITLE NAME	T-ZIP S'. BA	ARNES, JOYCE 24 69th AVE UNIT 202		
STREET ADORESS CITY-ST-ZIP TITLE NAME	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA			1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	CITY-SI TITLE NAME STREET ICITY-S TITLE NAME	ADDRESS ST-ZIP ST	ARNES, JOYCE 24 69th AVE UNIT 202		
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8			1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	CITY-SI TITLE NAME STREET STITLE NAME STREET	ADDRESS ST-ZIP ST	ARNES, JOYCE 24 69th AVE UNIT 202		
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	CITY-SI TITLE NAME STREET TITLE NAME STREET CITY-S	ADDRESS ST-ZIP ST	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS ST-ZIP ST	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2	CITY-ST TITLE NAME STREET. CITY-S TITLE NAME STREET. CITY-S TITLE NAME STREET. CITY-ST TITLE	ADDRESS ST-ZIP ST-ZIP ADDRESS T-ZIP	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET NAME STREET	1-ZIP SYMADDRESS SALZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	CITY-SI TITLE NAME STREET REITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI CITY-	1-ZIP SYMADDRESS SALZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	CITY-SI TITLE NAME STREET RICHY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE TITLE TITLE TITLE	1-ZIP SYMADDRESS SALZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BORGIANINI, ALFRED H. 182 27TH AVE N ST. PETERSBURG BEACH, VD LOMBARDI, SYLVIA 680 71ST AVENUE, APT. 8		DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1-ZIP SYMADDRESS SALZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS	ARNES, JOYCE 24 69th AVE UNIT 202	☐ Change ☐ Change	Addition Addition Addition

City-St-ZIP

14. Thereby 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 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 employeed 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 all achiment with an address SIGNATURE: CREAR C. CASEN R.

813-367-5369