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SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAY -1 AM 9:07

CORPORATION ANNUAL REPORT 1995 *5/1/95*

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

DOCUMENT # 745581 (9)

1. Corporation Name
NINE CAMBRIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **9 CAMBRIA STREET, #2 CLEARWATER BEACH FL 34630-8630**

Mailing Address: **9 CAMBRIA STREET, #2 CLEARWATER BEACH FL 34630-8630**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/15/1979**

3a. Date of Last Report: **10/05/1994**

4. FEI Number: **59-2954549**

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

9. Name and Address of Current Registered Agent

**HELLER, ANN W
 9 CAMBRIA ST #2
 CLEARWATER BEACH FL 34630**

10. Name and Address of New Registered Agent

81. Name: **NEUER ANN W**

82. Street Address (P.O. Box Number is Not Acceptable): **9 CAMBRIA ST #2**

83. City: **CLEARWATER Bch FL**

84. Zip Code: **34630**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALKE, ROBERT
STREET ADDRESS	1408 COURT ST CLEARWATER FL
CITY - ST - ZIP	
TITLE	P
NAME	NELLER, ROTH D. DR.
STREET ADDRESS	9 CAMBRIA ST APT #2 CLEARWATER FL
CITY - ST - ZIP	
TITLE	D
NAME	FRANK, MIRIAM
STREET ADDRESS	1771 OAKCREEK DR. DUNEDIN FL
CITY - ST - ZIP	
TITLE	D
NAME	FERNANDEZ, JOHN D.
STREET ADDRESS	216 PALM ISLAND, S.W. CLEARWATER FL
CITY - ST - ZIP	
TITLE	STD
NAME	NELLER, ANN
STREET ADDRESS	9 CAMBRIA ST., #2 CLEARWATER BEACH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

REMITTED BY MAIL 1

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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann W Neller* **ANN W NELLER** 04/19/95 813443-2580

(Date) (Taxpayer's Number)