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**Secretary of State**

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0055397

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745581**

1. Corporation Name

**NINE CAMBRIA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

9 CAMBRIA ST  
#2  
CLEARWATER BEACH FL 33767  
US

Mailing Address

9 CAMBRIA ST  
#2  
CLEARWATER BEACH FL 33767  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

01/15/1979

4. FEI Number

59-2954549

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

9. Name and Address of Current Registered Agent

NELLER, ANN W.  
9 CAMBRIA ST  
#2  
CLEARWATER BEACH FL 33767

10. Name and Address of New Registered Agent

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

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 D ☐ DELETE

NAME MUNCH, MIKE  
STREET ADDRESS 9 CAMBRIA ST #2  
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE P ☐ DELETE

NAME NELLER, ROTH D. DR.  
STREET ADDRESS 9 CAMBRIA ST APT #2  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME FRANK, MIRIAM  
STREET ADDRESS 1771 OAKCREEK DR.  
CITY-ST-ZIP DUNEDIN FL

TITLE D ☐ DELETE

NAME PRESCOTT, GENE  
STREET ADDRESS %SAND KEY SHERATON HTL 1160 GULF BLVD  
CITY-ST-ZIP CLEARWATER FL

TITLE STD ☐ DELETE

NAME NELLER, ANN  
STREET ADDRESS 9 CAMBRIA ST., #2  
CITY-ST-ZIP CLEARWATER BEACH FL

TITLE STD ☐ DELETE

NAME MINNITI, JOHN  
STREET ADDRESS 510 SYCAMORE TERRACE  
CITY-ST-ZIP CINNAMINSON NJ 08077

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MUNCH, MIKE  
1.3 STREET ADDRESS 9 CAMBRIA #2  
1.4 CITY-ST-ZIP Clearwater Bch 33767-1510

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Ann Neller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/99  
Date

727 4432580  
Daytime Phone #

CR2E037 (1/98)