

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 # 745984 (5)

1. Corporation Name

FIVE COINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4051 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308-6419

Mailing Address

4051 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308-6419

3. Date Incorporated or Qualified
02/19/1979

3a. Date of Last Report
05/01/1995

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

9. Name and Address of Current Registered Agent

FRANKLIN, GLENN A.
4051 N OCEAN BLVD
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81

Name

William MacKinnon

82

Street Address (P.O. Box Number is Not Acceptable)

5144 NE 17th Terrace

83

84

City

Ft. Lauderdale

FL

85

Zip Code

33334

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 William MacKinnon

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

(NOTE: Registered Agent signature required when not stating)

1-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EYER, BRUCE
STREET ADDRESS 4051 N. OCEAN BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD ☒ DELETE

NAME MACKINNON, WILLIAM W.
STREET ADDRESS 4051 N OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD ☒ DELETE

NAME NEUMAN, KENNETH
STREET ADDRESS 4051 N OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE TD ☒ DELETE

NAME FRANKLIN, GLEN A.
STREET ADDRESS 4051 N. OCEAN BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ DELETE

NAME CARLSON, DOROTHY
STREET ADDRESS 6841 AUBURN ROAD
CITY-ST-ZIP ROCKFORD IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Vice-President -D

2.3 STREET ADDRESS Alan Vail
2.4 CITY-ST-ZIP 4051 N. Ocean Blvd
Ft. Laud., FL 33308

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Secretary -D
3.3 STREET ADDRESS Anthony Sikich
3.4 CITY-ST-ZIP 4051 N. ocean Blvd.
Ft. Lauderdale, FL 33308

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Treasurer -D
4.3 STREET ADDRESS William MacKinnon
4.4 CITY-ST-ZIP 4051 N. Ocean Blvd
Ft. Laud., FL 33308

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Director-D
5.3 STREET ADDRESS Christopher Keeler
5.4 CITY-ST-ZIP 4051 N. ocean Blvd.
Ft. Laud., FL 33308

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William MacKinnon 1-18-96 (954)-772-2211

Date

Daytime Phone #

CR2E037 (12/95)