FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 746077

(7)

1. Corporation		(1)					
BANGA	CONDOMINIUM, INC.				: 100 1640 465 465 465 465 465 465 465	A Ba Gradi Gradi Graff Brail Brail	Dibit (De)
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Principal Place of Business Mailing Address					T FOREST FOR IN BIRDING BERKE GREET FOR STATE	tale Bearer deder gibit gebit gegit	6:8! 0 !
35-44TH AVE. 35-44TH AVE.						•	
ST.PETERSBURG BCH. FL 33706 ST.PETERSBURG BCH. FL 33			33706-3816				
					3. Date Incorporated or Qualified 02/26/1979	3a. Date of Last Rep 05/01/1996	xort
	lace of Business	2a. Mailing Address	- 		4. FEI Number	App	lied For
21 26					59-2872283		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Ad	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00 N	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zıp	Coun		8. This corporation has liability for intangible tax under s. 199.032,		99.032,
24	25 29 30 9, Name and Address of Current Registered Agent				Florida Statutes 10. Name and Address of New Re	Yes No	
	g, regine and Address of Curren	it uedistaten waaiit		1 Name	(b). Name and Address of New Ne	Aletaten Wattr	
JOSEPH A. MIEZELIS							
35-44TH AVENUE			}*	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
ST PETE BEACH, FL				33			
33706			le	14 City		85 Zip Co	ode
			1	1 ***		FL []	
11. Pursuant i office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida, Such change was i	es, the abo authorized	ove-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptation	ourpose of changing its pt the appointment as re	registered egistered
ľ	m familiar with, and accept the obligi	alions of, Section 617.0503, Fi	orida Statu	tes.			
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E Registered	Agent signature requ	ulred when reinstating).	DATE	
12.	OFFICERS AN	The state of the s	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITU	ì		☐ Change	Addition
NAME CAREET ADDRESS	ARLAUSKIENE, KAZIMIERA 35 44TH AVE		1.2 NAM				18
STREET ADDRESS CITY-ST-ZIP	ST PETE BEACH, FL 00000			eet adoress (-ST-ZIP			[L
TITLE	DT	DELETE				Change	Addition C
NAME	PETKUS, VACYS	2.2 N		lE }			
STREET ADORESS	35 · 44 AVENUE	2.3 \$		EET ADDRESS			
CITY - ST - ZIP	ST PETE BEACH, FL 00000			Y-ST-ZIP			1.130
TITLE	PS LUCZENO IOOEDU A	DELETE 3.1 TI		ì		☐ Change	Addition
NAME	MIEZELIS, JOSEPH A. 35-44TH AVE	.		- (ļ
STREET ADDRESS CITY-ST-ZIP		AM DESCRIPTION OF THE PARKS		EET ADDRESS Y-ST-ZIP			
TITLE	D	DELETE 4.11				Change	Addition
NAME	GRUSAS, EMILIJA		4. 2 NAJ	1			Ì
STREET ADDRESS	35 44TH AVE		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	ST PETE BEACH, FL 00000			(-ST-ZIP			
TITLE		☐ DELETE	5.1 T(TL	E		Change	Addition
NAME			5.2 NAM	IE			
STREET ADDRESS			5.3 STA	EET ADDRESS			Ì
CITY - ST - ZIP		F 1 82		(-ST-ZIP		——————————————————————————————————————	1 1 1 1 1 1 1 1
TITLE		☐ DELETE	6.1 TITL	1		Change	Addition
NAME .			6.2 NAV				
STREET ADDRESS			6.3 SYRI	EET ADORESS			j

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 eath; 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:

1-3-97 813-360-2321

FILED

May 08 1997 8:00am

Secretary of State