SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUI | MENT # 746518 | (O) | 3 · · | | |
|---|---|----------------------------|-------------------------------------|---|---|
| BEACH PLAZA CONDOMINIUM ASSOCIATION, INC. | | | | | |
| | | | | | |
| Principal Place of Business Mailing Address | | | | I PADIII ABBIK DIBID DIKOK DIIDI ANDBI UE | AR 81011 ORDII OIDIA BIBAL DIBAL TIDA. AUSI |
| BEACH PLAZA CONDOMINIUM #8 BEACH PLAZA CONDOMINIU | | | NUM #3 | · | |
| 7003 SUNSET WAY 7003 SUNSET WAY SUITI ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH | | | | DO NOT WRITE | IN THIS SPACE |
| | | US | | Date Incorporated or Qualified 03/30/1979 | 3a. Date of Last Report 02/07/1996 |
| | | 2a. Mailing Address | , | 4, FEI Number | Applied For |
| <u></u> | | 26 | | NOT APPLICABLE | Not Applicable |
| Sulte, Apt. #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | 4 | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has pai Personal Property Tax due June | |
| 24 | 9. Name and Address of Current | 29 Registered Agent | 30 | 10. Name and Address of New Reg | |
| | | | 81 Name | | |
| LABANAUSKAS, JOHN | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | le) |
| 7003 SUNSET WAY | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| #8 ST. PETERSBURG BEACH FL 33706 | | | 83 | | |
| OI. FEIL | ENSBURG BEAUTI FE 33/00 | | 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 regis | | | | | |
| 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 | | | | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AND | | TE Registered Agent algnature requi | ADDITIONS/CHANGES TO OFFIC | DATE ERS AND DIRECTORS IN 12 |
| TITLE | VD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | DAVID, JOSEPH | | 1.2 NAME | | į. |
| STREET ADDRESS | 7003 SUNSET WAY | | 1.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | ST PETE BEACH FL | V.C.D. X DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| TITLE NAME | KELDAWAY, ELIZABETH NO | V - U - | 2.1 TITLE 2.2 NAME | | Change Addition |
| STREET ADDRESS | 7003 SUNDELWAY DE | PLACEMENT | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 7003 SUNDET WAY RE | PINCLUENT | 2. 4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | MCMANUS, LUCY | | 3.2 NAME | | |
| STREET ADDRESS | 7003 SUNSET WAY FT PETE BEACH FL | | 3.9 STREET ADDRESS | | |
| CITY-ST-ZMP TITLE | PD PD | DELETE | 3.4. CITY - ST - ZIP 4.1 TITLE | | Change Addition |
| NAME | LABANAUSKAS, JOHN | | 4. 2 NAME | | _ • • |
| STREET ADDRESS | 7003 SUNSET WAY | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. PETE BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | ST LABAMALICPIAC IOUN | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LABANAUSKIAS, JOHN 7003 SUNSET WAY | | 5.2 NAME | | |
| STREET ADDRESS | FT PETE BEACH FL | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE REQUIRED

FILED

Secretary of State

Jul 25 1997 8:00am