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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 746709 (5)
1. Corporation Name
212 BRINY AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
212 BRINY AVENUE
POMPANO BEACH FL 33062INC.
212 BRINY AVENUE
POMPANO BEACH FL 33062-58013. Date Incorporated or Qualified
04/11/19793a. Date of Last Report
03/14/1996

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

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29

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4. FEI Number
59-1926845Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J. P. Jackson
212 Briny Ave.
Pompano Beach, FL 33062-5832

81 Name JOHN P. JACKSON

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

212 BRINY AVE

84 City Pompano Beach FL

85 Zip Code 33062

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

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME O'GORMAN, GERRY
STREET ADDRESS 212 BRINY AVENUE
CITY-ST-ZIP POMPA NO BEACH FLTITLE ~~VICE~~ PRESIDENT D ☐ DELETE
NAME JACKSON, JOHN
STREET ADDRESS 212 BRINY AVENUE
CITY-ST-ZIP POMPA NO BEACH FL 33062TITLE PTD ☒ DELETE
NAME PRICE, JOSIE
STREET ADDRESS 212 BRINY AVENUE
CITY-ST-ZIP POMPA NO BEACH FLTITLE MA D ☐ DELETE
NAME LINDSAY MARK
STREET ADDRESS 212 BRINY AVE
CITY-ST-ZIP POMPA NO BEACH FLTITLE S.W. MCINTIRE D ☐ DELETE
NAME
STREET ADDRESS 212 BRINY AVE
CITY-ST-ZIP POMPA NO BEACH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

Daytime Phone # 954 782 5950

CP2E037 (9/96)