

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 # **747717** (7)
1. Corporation Name
THE INTREPID CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **9445 BLIND PASS ROAD ST. PETERSBURGH BEACH FL 33706**
Mailing Address: **9445 BLIND PASS ROAD ST. PETERSBURGH BEACH FL 33706**

3. Date Incorporated or Qualified: **06/18/1979**
3a. Date of Last Report: **04/03/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2071969	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	30. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, BRIAN K. 10033 9TH STREET N ST. PETERSBURG FL 33716-0805		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, WILLIAM	1.2 NAME	Terri Rooney
STREET ADDRESS	9495 BLIND PASS RD	1.3 STREET ADDRESS	9495 Blind Pass Road
CITY-ST-ZIP	ST PETE BCH FL	1.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUTTI, FRANK	2.2 NAME	Frank Scutti
STREET ADDRESS	9495 BLIND PASS RD	2.3 STREET ADDRESS	9495 Blind Pass Road
CITY-ST-ZIP	ST. PETE BCH FL	2.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, TERRI	3.2 NAME	
STREET ADDRESS	9495 BLIND PASS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONICH FRANK	4.2 NAME	
STREET ADDRESS	9495 BLIND PASS D	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BCH FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHEK JUDY	5.2 NAME	Claire Rives
STREET ADDRESS	9495 BLIND PASS ROAD	5.3 STREET ADDRESS	9495 Blind Pass Road
CITY-ST-ZIP	ST. PETERSBURG BCH FL	5.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Terri Rooney, PRESIDENT 4/11/96 813-367-5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year #

CR2E037 (12/95)