

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749225 (9)
1. Corporation Name
SANTA CLARA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3312 NORTHSIDE DRIVE
KEY WEST FL 33040**

Mailing Address
**3312 NORTHSIDE DRIVE
KEY WEST FL 33040**

3. Date Incorporated or Qualified
10/08/1979

3a. Date of Last Report
04/21/1995

4. FEI Number
59-1940755

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **same as above**
Suite, Apt. #, etc.

2a. Mailing Address
26 **same as above**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

25 Zip

26 Country

27 Zip

28 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**PARKER, DEREK
815 PEACOCK PLAZA
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 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

12. OFFICERS AND DIRECTORS

TITLE	VP	☒ DELETE
NAME	PARKER, DEREK	
STREET ADDRESS	815 PEACOCK PLAZA	
CITY-ST-ZIP	KEY WEST FL	
TITLE	P	☐ DELETE
NAME	GOUGH, ROSS	
STREET ADDRESS	3312 NORTHSIDE DR #416	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	☒ DELETE
NAME	GELSOMINA, JACOBELLUS	
STREET ADDRESS	3312 NORTHSIDE DRIVE 513	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	☐ DELETE
NAME	HAMEL, SIEGRID	
STREET ADDRESS	1502 BERTHA ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	☐ DELETE
NAME	GARCIA ANITA	
STREET ADDRESS	3312 NORTHSIDE DRIVE #716	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	☐ DELETE
NAME	BRINGELSON, WILLIAM	
STREET ADDRESS	3312 NORTHSIDE DRIVE 310	
CITY-ST-ZIP	KEY WEST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Patrick Ritter	☐ Change ☒ Addition
1.2 NAME	VP	
1.3 STREET ADDRESS	3312 Northside Dri#511	
1.4 CITY-ST-ZIP	Key West, Florida 33040	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Rick VanHout	
2.3 STREET ADDRESS	3312 Northside Drive #312	
2.4 CITY-ST-ZIP	Key West, FL 33040	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Marilyn Wild	
3.3 STREET ADDRESS	3312 Northside Drive #607	
3.4 CITY-ST-ZIP	Key West, FL 33040	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 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 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: Siegrid Hamel 4/24/96 (305) 296 0940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)