

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 # **752783** (1)

1. Corporation Name

**SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

**729 ST. JUDES DRIVE, SOUTH. #1
LONGBOAT KEY FL 34228**

**729 ST. JUDES DRIVE, SOUTH. #1
LONGBOAT KEY FL 34228**



3. Date Incorporated or Qualified
06/04/1980

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **707 ST JUDES DR S**

4. FEI Number
65-0135372

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **APT 1**

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

City & State

City & State

23 **LONGBOAT KEY FLA**

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

Zip Country

Zip Country

24 **34228** 25

8. 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

**BALDWIN, EDWIN M.
15431 POND WOODS DR. W.
TAMPA FL 33618**

81 Name

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

83

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 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 **LEROY HAMM** *Leroy Hamm*

2/15/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **STONER, ROBERT**
CITY-ST-ZIP **723 ST JUDES DR APT #2
LONGBOAT KEY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HAMM, LEROY**
CITY-ST-ZIP **707 ST JUDES DR SOUTH #1
LONGBOAT KEY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **BALDWIN, EDWIN M.**
CITY-ST-ZIP **15431 POND WOODS DR WEST
SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **DERRINGER, D. D.**
CITY-ST-ZIP **2920 BOUGAINVILLEA ST
SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STRUBLE, BETH**
CITY-ST-ZIP **729 ST JUDES DR APT 1
LONGBOAT KEY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **LEROY HAMM** *Leroy Hamm*

2/15/96 941 383 5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)