

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 # 754530 (4)

1. Corporation Name

'TIGUA CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

483 E. GULF DR.
C/O BECKY JONES
SANIBEL FL 33957
US

Mailing Address

483 E. GULF DR.
C/O BECKY JONES
SANIBEL FL 33957
US

3. Date Incorporated or Qualified
10/08/1980

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

4. FEI Number
59-2305533

Applied For
Not Applicable

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

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD DEHUS-GMS
15000 BONAIRE CIRCLE
FT. MYERS FL 33908

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
CHIARO, JOHN
3532 OAK HILL LANE
LONG GROVE IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KING, RAYMOND W
487 E GULF DR
SANIBEL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JONES, DAVID
483 E GULF DR
SANIBEL FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, BECKY
483 E. GULF DRIVE
SANIBEL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
King

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mayer, Frank SD

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TD
Chiaro, John

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD
King, Raymond

☒ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
PD
Jones, Becky

☒ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
SD
Mayer, Frank
483 E Gulf Dr
Sanibel, FL 33957

☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)