FILE NOW: FILING FEE IS \$61.25			
NONPROFIT FLORIDA DEPARTA			
CORPORATION Sandra B. A	•		
ANNUAL REPORT Secretary of			
1996 DIVISION OF COL	RPORATIONS		
DOCUMENT # 755096			
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Condominium Association, Inc.			
Principal Place of Business  GO Condominium Associates 3001 Executive Drive			
3001 Executive Drive	$ \mathcal{O} $		
Clearwater, FL 34622			Date of Last Report
		11-13-80	0/95
2. Principal Place of Business  2a. Mailing Address  3001 Executive Drive 26 3001 Executive Drive		4. FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22 Suite 260 27 Suite 260	ට	5. Certificate of Status Desired	Fee Required
City & State  City & State  City & State  City & City & State  City & Ci	r,FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip 24 34622 25 U.S.A 29 34622 30	Country USA	8. This corporation has liability for intangit	ole tax under s. 199.032,
24 34677   25 USA   29 34677   30 9. Name and Address of Current Registered Agent	us pt	Florida Statutes	red Agent
Condominium Associatos	81 Name	ondominium Assoc	
3001 Executive Drive, #260	82 Street Add	kess (P.O. Box Number is Not Acceptable)	7
04 (			
Clearwater, FL 34622	84 City /	101 Executive Drive	Suite 260
11 Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes at	a about some d		FL 34622
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutas, 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 conforation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE KANDE. MC NEAL LAND Melhal 4/25/90			
Signature, typed or printed name of registered agent and little if applicable gibbs.  12. OFFICERS AND DIRECTORS	gistered-Agent signature require 13.	od when reinstiting) OA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE VB . STEELETE	1.1 TITLE	<u> </u>	AND DIRECTORS IN 12 Change Addition (20)
NAME STREET ADDRESS Charles Jorden		ana st. Clair 1414 Bay St NE	750
CITY-ST-ZIP 129 1144h aven, St. Pete, FL	1.4 CITY - ST - ZIP	+ Petersburg, FL 33716	
TITLE DELETE	2 1 TITLE	<i>3</i>	Change Addition
STREET ADDRESS JOHN CONNON (11407-2 3rd Street N, Strete, FL	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP 11407-2 3rd Street N, STPETE, FL	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TA DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME Margaret Mc harrity STREET ADDRESS 121 14th are N, Strete, FL	3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP . TO THE TO THE TE TE TE	3 4. CITY-ST-ZIP		
NAME PARTY A. I +0	4.1 TITLE	, A	Change Addition
NAME STREET ADDRESS: 175 11444 ave NE, St Pete, FL	4.2 NAME 4.3 STREET ADDRESS	Daniel Hnnechino	
G11-31-21	4.4 CITY-ST-ZIP	St Petersburg, FL 3:	3716
NAME DELETE DELETE	l	D	☐ Change ☐ Addition
STREET ADDRESS 167 114th Torrale NE	5.2 NAME 5.3 STREET ADDRESS	8000018690	308
NAME STREET ADDRESS 107 114th Torrace NE CITY-ST-ZIP  S+ Pete, FL 33716	5 4 CITY - ST - ZIP	-06/20/9601024	-028
TITLE LIDELETE	6 1 TITLE	***61.25	☐ Change ☐ Addition
STREET ADDRESS	62 NAME 63 STREET ADDRESS	_	,
CITY-SI-ZIP	64 CHTY-ST-ZIP	05-01-91	00/2
14. I do hereby certify that the information supplied with this filing is voluntarily furnished certify that the information indicated on this annual report or supplemental annual report that I am an officer or director of the correction or the receiver or furnished.	nort is true and accura	ite and that my cionature chall have the some k	and official as if manda condu-
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 12 if changed, or on an attachment with an address.			
SIGNATURE: M		4-19-96	(813) 577-2150
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date	Daytima Prone #