FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

756008

(9)

Mailing Address

LOBLOLLY BAY CONDOMINIUM ASSOCIATION, INCORPORAT

RPORATED 8000 SE LITTLE HARBOUR DR. HOBE SOUND FL 33455				RPORATED 8000 SE LITTLE HARBOUR DR. HOBE SOUND FL 33455-3827					3.	Date In	corporati	ed or C	Qualifie	d 3	a. Date				
									01/22/1981					V	03/11/1996				
2. Principal Pi	iace of Busine	988		2a. Mailing Address					4.	. FEI Nur 59	nber -21736	28				-		olied Fo	
Suite, Apt #, etc.				Suite, Apt. #, etc.						- 00	EIIOC				<u>, </u>	60		Applic	
22				27					5.	Certific	ate of Sta	atus De	berise	12				dditions quired	ai
City & State				City & State					6.	Election Campaign Financing Trust Fund Contribution				_	\$5.00 May Bo				
Zip 24	2	Country	29	Zip Country 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No										
I 		stered Agent	177							ress 0	ss of New Registered Agent								
			 			81	Τ	Name					-						
FLANIGAN, JOHN F.							-	Street Ad	dress (F	P.O. Box	Number	is Not	Accen	iable)			••••••		
625 N. FLAGER DR 9TH FLR							L												
WEST PA	alm Beach	FL 33402				63	l												
						84	t	City		·					C 1	85	Zip (ode	
11. Pursuant t	to the provision	ns of Sections 617.09	02 and 9	317 1508 Florid	a Statutes 1	he abov	<u> </u>	named co	orporatio	on submi	ts this st	atemer	t for th	e burn	FL ose of o	hano	ing it	registe	hare
office or re agent. I ar	egistered age m familiar with	ns of Sections 617.05 nt, or both, in the Stal 1, and accept the obli	te of Flori gations o	ida. Such chang of, Section 617.0	e was auth 503, Florida	orized by Statute:	y t S.	the corpo	ration's I	board of	directors	. I her	eby ac	cept th	e appo	intme	nt as i	egister	ed
SIGNATURE _	Signature typed o	corinted name of registered a	oent and title	e if applicable	(NOTE: Re	gistered Ape	ent	signature re	quired wher	n reinstatino	3			-	DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS						13.	-		*******	ADDITIO		NGES	TO OF	FICER	SAND	DIREC	CTOR	S IN 12	
TITLE	PD			☐ DEL	ETE	1.1 TITLE					**		· · · · · · · · · · · · · · · · · · ·			Chi	ange	Ad	dition
NAME	MCNERN	ey, walter			1	1.2 NAME		1											ì
STREET ADDRESS 7900 SE LITTLE HARBOUR OF						1.3 STREET	î Al	DDRESS				٠							
CITY-ST-ZIP	HOBE SO	OUND FL				1.4 CITY-8	ST-	ZIP											
TITLE	VP			DEL	ETE	2.1 TITLE							****		Ţ	Cha	ange	Ad	dition
NAME	WORRAL	l, steven		2			2.2 NAME			·									Ì
STREET ADDRESS	8000 SE	LITTLE HARBOUR		2.3			2.3 STREET ADDRESS												
CITY-ST-ZIP						2. 4 CITY-	ST	-ZIP											
TITLE	D			☐ DEI	.ETE	3.1 TITLE										Chi	ange	☐ Ad	dition
NAME		os, thomas a Jr				3.2 NAME													
STREET ADDRESS						3.3 STREET ADDRESS													i
CITY-ST-ZIP	CHICAGO), IL 00000				3.4. CITY-	ST	-ZIP											
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NAME		GEORGE	^=			5.2 NAME													
STREET ADDRESS		SANDERLING PLA	UE			5.3 STREET													
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NAME						6.2 NAME													
STREET ADDRESS						6.3 STREE	TA	NDDRESS											

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 report of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name