## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

756008

(9)

## LOBLOLLY BAY CONDOMINIUM ASSOCIATION, INCORPORAT

**FILED** Feb 26 1998 8:00am Secretary of State

ED					
Principal Plac	e of Business	Mailing Address			
RPORATED	RPORATED			3. Date Incorporated or Qualified	
8000 SE LITTLE HARBOUR DR. 8000 SE LITTLE HARBOU   HOBE SOUND FL 33455 HOBE SOUND FL 33455			DR.		01/22/1981
100E 000HD 7E 93433					4. FEI Number Applied For
<b>0 D</b>	Leave of David	A- M-W- Add-	<del></del>		<b>59-2173628</b> Not Applicable
2. Principal Place of Business 2a. Malling Add			8		5. Certificate of Status Desired \$8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					Fee Required  6. Election Campaign Financing \$5.00 May Be
22		27	·		Trust Fund Contribution Added to Fees
City & State City & State					7. Is this nonprofit corporation a homeowners association?
Zip	Country	<b>28</b> Zip	Count	lan a	Yes No
24	25 Country	<del> </del>	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent			<del>, 1</del>		10. Name and Address of New Registered Agent
			8	1 Nan	ame
FLANIG/	N, JOHN F.		8	2 Stre	treet Address (P.O. Box Number is Not Acceptable)
625 N. FLAGER DR 9TH FLR			L		section (co. Section (section))
WEST P	ALM BEACH FL 33402		В	3	
			8	4 City	ity FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0503	end 617 1508. Floride Statutes	the abo	ve-nem	med corneration submits this statement for the purpose of changing its registered.
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 agen	1 and title if applicable. (NOTE:	Registered A	gent signa	gnatura required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	MCNERNEY, WALTER SS 7900 SE LITTLE HARBOUR DRIVE		1.2 NAME 1.3 STREET ADDRESS		Prop.
CITY-ST-ZIP	HOBE SOUND FL	HAC	1.4 CITY		· · ·
TITLE	VP	DELETE 2.1			Change Addition
NAME	WORRALL, STEVEN		2.2 NAME		
STREET ADDRESS	8000 SE LITTLE HARBOUR		2.3 STREET ADDRESS		RESS
CITY-ST-ZIP	HOBE SOUND FL	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP		
TITLE			3.1 TITLE		Change Addition
NAME	REYNOLDS, THOMAS A JR		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	01110400 11 00000			ET ADDRES	
TITLE	Ď	DELETE	3.4. CITY-ST-7 4.1 TITLE		Change Addition
NAME	SCHANCK, TOM		4. 2 NAM		
STREET ADDRESS	8000 SE LITTLE HARBOUR	BOUR 4.3		ET ADDRES	RESS
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-		,
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BODEEN, GEORGE		5.2 NAME		
STREET ADDRESS	7602 SE SANDERLING PLACE			ET ADDRESS	
CITY-ST-ZIP TITLE	HOBE SOUND FL	☐ DELETE	5.4 CITY- 6.1 TITLE		Change Addition
NAME			6.2 NAME		Citaligo Ciraligo
STREET ADDRESS				: Et addres:	NESS
CITY-ST-ZIP		k 1	6.4 CITY-		
	ertify that the information supplied wit	this filing does not qualify for.	the exem	ption sta	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 receiver or thustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiblock 12 or Block 13 if changed, or on ap-attack