FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

26

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVÍSION OF CORPORATIONS

DOCUMENT # 756680

1. Corporation Name

2. Principal Place of Business

THE 125 SOUTH "L" STREET CONDOMINIUM ASSOCIATION , INC.

Principal P ace of Business	Mailing Address				
% CLARK SIMMS 126 SO. "L" ST. LAKE WORTH FL 33460 US	% Clark Simms 125 So. "L" St. Lake Worth FL 3346 US				

FILED Apr 26, 1999 8:00 am \$ Secretary of State

04-26-1999 90209 019 ****61.25

|--|--|--|

3. Date Incorporated or Qualifed

03/09/1981

Suite, Act.	#, etc.	Suite, Apt. #, etc.						4. FEI NUMBER				Apriled For	
22		27						NOT APPLICABLE				Not Applicable	
City & State	tate City & State							5 Certifo	ite of Status Des	sired	\$8.75 A		
23		28	il								Fee Re	cluired	
Zip	Count	ry	Zip	Zip Country			l	6. Election	Campaign Fina	ancing	\$5.00	May Be	
24	25	29	3	30				Trust Fund Contribution			Added to Fees		
	9. Name and Addr	ess of Current Reg	istered Age	ent				10. Name :	and Address of	New Registered	Agent		
					81	Name							
SIMMS, CLARK						Street	Acdres	s /P O. Box	Number is Not A	Acceptable)			
125 SO. "L" ST. LAKE WORTH FL 33460					-	82 Street Acdress (P.O. Box Number is Not Acceptable)							
					83	83							
DAKE WO	HIFI FL 33700										85 Zip C	\ ado	
					84	City				FI	85 Zip C	Jue	
11. Pursuant	to the provisions of Se	ctions 617 0502 and	617.1508. F	Florida Statutes	s. the abov	e-named	cc rpora	ation submit	s this statement	for the purpose	f changing its	registered	
office crr	to the provisions of Se egistered egent, or bo m familiar with and ac	h, in the State of Flo	rida. Such c	hange was aut	thorized by	the corp	oration'	s board of o	irectors. I hereb	y accept the apro	intment as reg	gstered	
agent. + a	m taimiliar with and ac	dent the obligations	or, section o	: A. Sin	ua (Januse)	.				4-21:	.99		
SIGNATURE	Signature, typed or printed name	ne of registered agent and til				nt signature	required w	hen reinstating)		DATE	, ,)	
12.		OFFICERS AND DIF			13.				NS/CHANGES	TO OFFICERS A	ND DIRECTO	FIS IN 12	
TITLE	PD			DELETE	1,1 TITLE						Change	☐ Addition	
NAME	SIMMS, CLARK		. ~~~~		1.2 NAME			-	- -	W-17-W-1	-		
STREET ADDRESS					1.3 STREE	TADDRESS							
CITY-ST-ZIP	LAKE WORTH FL				1.4 CITY-S	ST-ZIP							
TITLE	D		☐ DELETE								Change	☐ Addition	
NAME	VASSER, ROB				2.2 NAME								
STREET ADDRESS	125 S L STREET	#2			2.3 STREE	T ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL				2.4 CITY-	ST-ZIP							
TITLE	VTD		<u> </u>	DELETE	3.1 TITLE		VT	D			Change	Addition	
NAME	HERSA, DAVE		•	•	3.2 NAME		754	STICE	JANE	TREET #	,		
STREET ADORESS	125 SOUTH L STF	REET #1			3,3 STREE	T ADDRESS	12	5 504	THLS	TREET #	•		
CITY-ST-ZIP	LAKE WORTH FL				3,4, CITY-	ST-ZIP	LAK	(E Wa.	2 <i>TH</i>				
TITLE	<u> </u>			DELETE	4.1 TITLE		T				☐ Change	☐ Addition	
NAME					4, 2 NAME	ļ.							
STREET ADDRESS					4,3 STREE	T ADDRESS							
CITY-ST-ZIP					4,4 CITY-8	ST-ZIP							
TITLE			[DELETE	5.1 TITLE		T^{-}		· 		☐ Change	Addition	
NAME					5.2 NAME								
STREET ADDRESS					5.3 STREE	T ADDRESS							
CITY-ST-ZIP					54 CITY-5	ST-ZIP							
TITLE				DELETE	61 TITLE		T				☐ Change	Addition	
NAME					6.2 NAME								
STREET ADDRESS					6.3 STREE	T ADDRESS							
	 				6.4 CITY-5	ST-ZIP						ļ	
CITY-ST-ZIP							<u> </u>						

14. I 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 receiver of 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 addominant with an address, with all other like empowered.

SIGNATURE: