

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757445** (2)
1. Corporation Name
PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% SOUTHERN HOSPITALITY PROPERTY MANAGEMENT PO BOX 60132
PO BOX 60132 FT MYERS FL 33906
FT. MYERS FL 33906-0132 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1981** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-2274377** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
RUA, FRANK J
8192 COLLEGE PKWY
STE 52
FT MYERS FL 33906

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Frank J. Rua Agent Frank J. Rua 1/11/94
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
1.1 TITLE **DV**
1.2 NAME **DANFORD, JOYCE**
1.3 STREET ADDRESS **15031 PUNTA RASSA RD #802**
1.4 CITY-ST-ZIP **FT. MYERS FL**
2.1 TITLE **D**
2.2 NAME **MACHEROWSKI, S J**
2.3 STREET ADDRESS **15921 PUNTA RASSA RD #702**
2.4 CITY-ST-ZIP **FT. MYERS FL**
3.1 TITLE **D**
3.2 NAME **GALLES, GLEN**
3.3 STREET ADDRESS **14691 FAIR HAVEN ROAD**
3.4 CITY-ST-ZIP **FT. MYERS FL**
4.1 TITLE **D**
4.2 NAME **POTTER, REID**
4.3 STREET ADDRESS **15011 PUNTA RASSA RD #508**
4.4 CITY-ST-ZIP **FT. MYERS FL**
5.1 TITLE **TS**
5.2 NAME **ABRAMSON, ROBERT**
5.3 STREET ADDRESS **15011 PUNTA RASSA ROAD #802**
5.4 CITY-ST-ZIP **FT. MYERS FL**
6.1 TITLE **DP**
6.2 NAME **BLOSS, GEORGE**
6.3 STREET ADDRESS **15010 PUNTA RASSA ROAD #108**
6.4 CITY-ST-ZIP **FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **Danford, Joyce**
1.3 STREET ADDRESS **15031 Punta Rassa Rd #802**
1.4 CITY-ST-ZIP **FT MYERS, FL**
2.1 TITLE Change Addition
2.2 NAME **T/S Macherowski, S.L.**
2.3 STREET ADDRESS **15921 Punta Rassa Rd #702**
2.4 CITY-ST-ZIP **FT MYERS, FL**
3.1 TITLE Change Addition
3.2 NAME **CHRISTENSEN, Gail**
3.3 STREET ADDRESS **15011 Punta Rassa Rd #404**
3.4 CITY-ST-ZIP **FT MYERS, FL**
4.1 TITLE Change Addition
4.2 NAME **Seymour, James**
4.3 STREET ADDRESS **15031 Punta Rassa Rd #1004**
4.4 CITY-ST-ZIP **FT MYERS, FL**
5.1 TITLE Change Addition
5.2 NAME **ABRAMSON, Robert**
5.3 STREET ADDRESS **15011 Punta Rassa, Rd. #802**
5.4 CITY-ST-ZIP **FT MYERS, FL**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(b), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: S.L. Macherowski - Sec./Treas 1/11/95 (94) 227-0586
Signature and typed or printed name of signing officer or director Date Expiration