

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 757445 (2)  
 1. Corporation Name  
**PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>15010 Punta Rassa Rd Ft. Myers, FL 33908</b>	Mailing Address <b>17080 Harbour Pt Dr, #100 Ft. Myers, FL 33908</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>04/07/1981</b>	<b>3a.</b> Date of Last Report <b>01/11/1995</b>
<b>21.</b> Suite, Apt. #, etc.	<b>26.</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>59-2274377</b>	Applied For Not Applicable
<b>22.</b> City & State	<b>27.</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23.</b> Zip	<b>28.</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24.</b> Country	<b>29.</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Joseph Adams**  
**Becker & Poliakoff, P.A.**  
**13515 Bell Tower Dr, Suite 101**  
**Ft. Myers, FL 33907**

**10. Name and Address of New Registered Agent**

<b>81.</b> Name
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83.</b>
<b>84.</b> City
<b>85.</b> Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Potter, Reid	12 NAME	
STREET ADDRESS	15011 Punta Rassa Rd., #506	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33908	14 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macherowski, S L	22 NAME	
STREET ADDRESS	15021 Punta Rassa Rd., #702	23 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33908	24 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christensen, Gail	32 NAME	
STREET ADDRESS	15011 Punta Rassa Rd., #404	33 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33908	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seymour, James	42 NAME	
STREET ADDRESS	15031 Punta Rassa Rd., #1004	43 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33908	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Alton	52 NAME	
STREET ADDRESS	15021 Punta Rassa Rd., #903	53 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33908	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lippman, John	62 NAME	
STREET ADDRESS	15031 Punta Rassa Rd., #1002	63 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33908	64 CITY-ST-ZIP	

**500001912485**  
**-08/05/96--01036--018**  
**\*\*\*61.25**

**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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: S.L. Macherowski S.L. Macherowski, V/P 7/31/96 (941) 466-5013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District/Phone #

CR2E037 (3/96)