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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

		DIVISION				
DOCU 1. Corporation	MENT # 7589	14 (6)				
,	A ROSA CONDOMINIUM (, ,	ON. INC.			
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rincipal Plac	ce of Business	Mailing Address				DIAN BIBNI 1881
302 SANTA ROSA BLVD 302 SANTA ROSA BLVD			BLVD			
T WALTON	BEACH FL 32548	FT WALTON BEACH	FL 3254 \$			
				3. Date Incorporated or Qualified 06/25/1981		
Principal F	Place of Business	2a. Mailing Address		4. FEI Number	04/26/19	Applied For
		26	·	59-2122380	- + -	Not Applicabl
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & Stat	te	City & State		6 Floation Compaign Financias	F66 I	Required
		28		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s.	
	25 9. Name and Address of Cu	rrent Begistered Agent	30	Florida Statutes	Yes No	
	o. manie and Auditas of Cu	ment negistered Agent	81 Name	10. Name and Address of New	Hegistered Agent	
GRIM, H	HARRY			*****		
•	GLEFISH #4		82 Stree	t Address (P.O. Box Number is Not Accepta	ıble)	
FT WAL	.TON BCH.,F L. 32548		83			
			84 City		last =:	<u> </u>
			! 1			Code
familiar w	red agent, or both, in the State of F rith, and accept the obligations of, \$			corporation submits this statement for the pi s board of directors. I hereby accept the app	urpose of changing its re pointment as registered	egistered offic agent. I am
familiar w	with, and accept the obligations of, sometimes of the state of the obligations of sometimes of the state of t	Section 617.0503, Florida Statu		s board of directors. I hereby accept the applications of the second of directors are second of the	pointment as registered	agent. I am
	sign agent, or both, if the state of rith, and accept the obligations of, \$ Signature, typed or printed name of registered. OFFICERS D	Profide. Such change was author Section 617.0503, Florida Statu agent and title Lapplicable.	Onzed by the corporation tes. (NOTE: Registered Agent signature)	s board of directors. Thereby accept the appropriate when reinstating) ADDITIONS: CHANGES TO OF	DATE FICERS AND DIRECTO	agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

19 Jan 96 (904) 244-6114

BY 7. 63 Date Destrict Proper