

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90061 015 ****61.25

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1. Entity Name
**THE APOLLO BEACH CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**1025 APOLLO BEACH BLVD
STE 3
APOLLO BCH, FL 33572-2043 US**

Mailing Address
**PO BOX 3612
APOLLO BEACH, FL 33572 US**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLYM, DAVID
1025 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	COX, LEO
STREET ADDRESS	1033 APOLLO BCH BLVD UNIT 2
CITY - ST - ZIP	APOLLO BEACH, FL 33572

TITLE	PD
NAME	KLYM, DAVID
STREET ADDRESS	1721 E 28TH AVE
CITY - ST - ZIP	LAKE STATION, IN 46405

TITLE	-T-
NAME	WEEDON, RAY
STREET ADDRESS	839 BRIDIE WAY
CITY - ST - ZIP	APOLLO BEACH, FL 33572

TITLE	SD
NAME	ROZETTI, BARB
STREET ADDRESS	1220 GULFVIEW WOODS DR
CITY - ST - ZIP	RUSKIN, FL 33570

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond Weedon **Raymond Weedon Treasurer** **2/10/08**