FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 762670 (8)

1. Corporation Name

CONDOMINIUM ON THE BAY MANAGEMENT CORPORATION, I NC.

Principal Place of Business	Mailing Address
888 BOULEVARD OF THE ARTS SARASOTA FL 34236	888 BOULEVARD OF THE ARTS SARASOTA FL 34236

3. Date Incorporated or Qualified: 03/30/1982

3a. Date of Last Report: 04/11/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2181548 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAQUERO, MARY
888 BOULEVARD OF THE ARTS
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: WILLIAM J. LANGER

82 Street Address (P.O. Box Number is Not Acceptable): 888 BLVD OF THE ARTS

83:

84 City: SARASOTA FL 85 Zip Code: 34236

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: William J. Langer — WILLIAM J. LANGER — 4-11-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DASHER, PHILIP M.		1.2 NAME		
STREET ADDRESS	888 BLVD OF THE ARTS		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	STEIN, VIVIAN		2.2 NAME	Brower, Imogene C.	
STREET ADDRESS	888 BLVD OF THE ARTS		2.3 STREET ADDRESS	888 Blvd of the Arts	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SABLOSKY, MARVIN E.		3.2 NAME	Gillis, C. Norman	
STREET ADDRESS	888 BLVD OF THE ARTS		3.3 STREET ADDRESS	888 Blvd of the Arts	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SAMARA, JR. T		4.2 NAME	Scheffert, Ralph E.	
STREET ADDRESS	888 BLVD. OF THE ARTS		4.3 STREET ADDRESS	888 Blvd of the Arts	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	STEVENS, DAVID		5.2 NAME	Felsen, Milt	
STREET ADDRESS	888 BLVD. OF THE ARTS		5.3 STREET ADDRESS	888 Blvd of the Arts	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-11-96 (941) 957-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #