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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34236-4871**

3. Date Incorporated or Qualified **03/30/1982** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

**WILLIAM J. LANGER
888 BLVD OF THE ARTS
SARASOTA FL 34236**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **D**
NAME **DASHER, PHILIP M.**
STREET ADDRESS **888 BLVD OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **VP/D**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD**
NAME **BROWER, IMOGENE C.**
STREET ADDRESS **888 BLVD OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **D**
2.2 NAME **W. Wyatt Walker**
2.3 STREET ADDRESS **888 Blvd of the Arts**
2.4 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **SD**
NAME **GILLIS, C. NORMAN**
STREET ADDRESS **888 BLVD OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **SD**
3.2 NAME **Joy Beauchene**
3.3 STREET ADDRESS **888 Blvd of the Arts**
3.4 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **TD**
NAME **SCHEFFERT, RALPH E.**
STREET ADDRESS **888 BLVD. OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD**
NAME **FELSEN, MILT**
STREET ADDRESS **888 BLVD. OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **PD**
5.2 NAME **Robert Howell**
5.3 STREET ADDRESS **888 Blvd of the Arts**
5.4 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)