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Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90046 033 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763159

1. Corporation Name

30TH STREET PROFESSIONAL BUILDING CONDOMINIUM AS
SOCIATION, INC.

Principal Place of Business

4600 N. HABANA AVENUE
STE. 35
TAMPA FL 33614-7123

Mailing Address

4600 N. HABANA AVENUE
STE. 35
TAMPA FL 33614-7123



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/06/1982

4. FEI Number

59-3103906

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

9. Name and Address of Current Registered Agent

COHEN, LAWRENCE S
4600 NORTH HABANA AVENUE
STE. 35
TAMPA FL 33614-7123

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DURAND, CHERYL
STREET ADDRESS 6457 MCCAULEY TRAIL W.
CITY-ST-ZIP EDINA MN 55439

TITLE PT ☐ DELETE

NAME COHEN, LAWRENCE S.
STREET ADDRESS 4600 N. HABANA AVENUE
CITY-ST-ZIP TAMPA FL 33614-7123

TITLE D ☐ DELETE

NAME RIGSBY, ROBERT E
STREET ADDRESS RT #3
CITY-ST-ZIP MAYO FL 32066

TITLE DVP ☐ DELETE

NAME GOLDSTEIN, BERNARD
STREET ADDRESS 13615 BRUCE B. DOWNS BLVD., SUITE 112
CITY-ST-ZIP TAMPA FL 33613

TITLE DS ☐ DELETE

NAME COHEN, BETTY S
STREET ADDRESS 2623 N. DUNDEE STREET
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE

NAME DURAND, FRANK
STREET ADDRESS 6457 MCCAULEY TRAIL W.
CITY-ST-ZIP EDINA MN 55439

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
Lawrence S. Cohen

Date

Daytime Phone #

1/1/99 813 826 3888

CR2E037 (1/98)