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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996

DOCUMENT # 763316

(7)

CLAY STREET CENTER COMMERCIAL CONDOMINIUM NO. 1, INC.

1254 \$ BERMADA AVE         1254 \$ BERMADA AVE           P.O. BOX 422771         P.O. BOX 422771           KISSIMMEE FL 34741         KISSIMMEE FL 34741           US         3. Date Incorporated or Qualified Q5/17/1982           2. Principal Place of Business         2a. Mailing Address           2. Principal Place of Business         2a. Mailing Address           2. Suite, Apt. #, etc.         NOT APPLICABLE           Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         Suite, Apt. #, etc.           22         5. Certificate of Status Desired           City & State         6. Election Campaign Financing         \$5.00 May Re-	Principal Place of Business Mailing Address							T 1004IN 18856 WHOM ELIOR HINDS HINDS WHO BIND WHO BEEN BEEN BEEN BEEN BEEN BEEN BEEN BEE						
P.O. 50X 42277 IUS SIMILE FL 34741 US	1264 C DEDI	IADA AVE		4064 C DEDU	DIDA AND									
Signature   Sign														
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. A Fel Number 12 A Fel				- +										
Suite, Apt. #, etc.  Suite, Ap	US	US	IS											
Suite, Apt. #, etc.    27		lace of Business		2a. Mailing Ado	iress			4.	FEI Number		· -		/	Applied For
27 City & State 28 City & State 29 Country 20 Country 20 Country 20 Country 20 20 Country 20 20 Country 20 20 Country 20 20 30 Country 20 30 Country 30 Country 30 Country 30 Country 40 Since Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name and Address of New Registered Agent  14. Name and Address of New Registered Agent  15. Certificate of Statutes 37 Since Address (P.O. Box Number is Not Acceptable)  16. Electron Compaging Financing 38. This corporation has liability for intangible tax under s. 199 032. Find a Statutes 39 Since Address (P.O. Box Number is Not Acceptable)  16. Name and Address of New Registered Agent  17. Name and Address of New Registered Agent  18. This corporation has liability for intangible tax under s. 199 032. Find a Statutes 39 Since Address (P.O. Box Number is Not Acceptable)  18. This corporation has liability for intangible tax under s. 199 032. Find a Statutes 39 Since Address (P.O. Box Number is Not Acceptable)  19. Souther Statutes 39 Since Address (P.O. Box Number is Not Acceptable)  11. Name and Address of New Registered Agent 39 Since Address (P.O. Box Number is Not Acceptable)  11. Name and Address of New Registered Agent 30 Since Address (P.O. Box Number is Not Acceptable)  11. Part and Address of New Registered Agent 30 Since Address (P.O. Box Number is Not Acceptable)  11. Name and Address of New Registered Agent 30 Since Address (P.O. Box Number is Not Acceptable)  11. Part and Address of New Registered Agent 30 Since Address (P.O. Box Number is Not Acceptable)  11. Part and Address of New Registered Agent 30 Since Address (P.O. Box Number is Not Acceptable)  11. Part and Address of New Registered Agent 30 Since Address (P.O. Box Number is Not Acceptable)  11. Part and Address of New Registered Agent 30 Since Address of New Registered Agent 30 Since Address of New Registered 30 Since Address of New Registered 30 Since Address of N									NOI A	APPLICAL	SLE			Not Applicable
Zip				<del> </del>			5.	. Certificate of	f Status Desi	red				
Zip		9	City & State			6.	6. Election Campaign Financing \$5.00 May Re							
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  CHALIFOUX, THOMAS E JR 1254 S BERNUDA AVE KISSIMMEE, FL 34741  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abover-ramed 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 policylons of. Section 617.0503, Florida Statutes.  SIGNATURE  Signature hyperstering 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 policylons of. Section 617.0503, Florida Statutes, the abover-ramed 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 policylons of. Section 617.0503, Florida Statutes, the abover-ramed corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment a	23		2	28							v			
9. Name and Address of Current Registered Agent  CHALIFOUX, THOMAS E JR 1254 S BERMUDA AVE KISSIMMEE, FL 34741  10. Name and Address of New Registered Agent  EXECUTE: A STEP   BS   Street Address (P.O. Box Number is Not Acceptable)  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 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 poblegations given and the processor of Statutes.  SIGNATURE  Signature hybrid frame of registered agent, and the processor of th	<u> </u>	Countr	ry [	Zıp		Country		8.	. This corpora	ition has liab	ility for inta	ngible tax	under s.	199.032,
CHALIFOUX, THOMAS E JR 124 S BERMUDA AVE KISSIMMEE, FL 34741  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. Therety accept the appointment as registered agent, I am familiar with, and accept by obligations of, Section 6 y 0503, 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. Therety accept the appointment as registered agent, I am familiar with, and accept by obligations of, Section 6 y 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept by obligations of, Section 6 y 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept by obligations of, Section 6 y 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered office or registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am	24													
CHALIFOUX, THOMAS E JR 1254 S BERMUDA AVE KISSIMMEE, FL 34741  B2   Street Address (P.O. Box Number is Not Acceptable)  B3    B4   City   FL   B5   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 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 purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar because it is a proposed agent and step accept the appointment as registered agent. I am familiar because it is a proposed agent and step accept the appointment as registered agent. I am familiar because it is a proposed agent		9. Name and Addre	ess of Current Re	gistered Agent	l			10.	. Name and	Address of	New Reg	istered Ag	gent	
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KISSIMMEE, FL 34741  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 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 or registered agent and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature between the provisions of Section 617,0503, Florida Statutes.  SIGNATURE  Signature between the provisions of Section 617,0503, Florida Statutes.  PO OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE  11. TITLE  PD CHALIFOUX, THOMAS E., JR  23.11 INDIAN MOUND TR.  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  VD DELETE  1.4 CITY-ST-ZIP  TITLE  VD DELETE  2.4 CITY-ST-ZIP  TITLE  STD DELETE  3.1 TITLE  3.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.1 TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.4 CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.4 CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.4 ACITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.5 TREET ADDRESS  CITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.4 ACITY-ST-ZIP  TITLE  COUTURE, RENE A., JR.  3.4 ACITY-ST-ZIP  TIT	1	-			82	Street	Address (P	O. Box Numb	per is Not Ad	ceptable)	• • • • • • • • • • • • • • • • • • • •			
34741  34						-								
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, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Stynature hydrocovinida name of registered agent and step accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE   Stynature hydrocovinida name of registered agent and step accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE   Stynature hydrocovinida name of registered agent, 1 am familiar with, and accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the obligations of Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the obligations of Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the appointment as registered agent, 1 am familiar with, and accept the obligation of Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the obligation of Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the obligation of Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the obligation of Section 617,0503, Florida Statutes, 1 and 1 am familiar with, and accept the provision's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the appointment as registered agent, 1 am familiar with, and accept the provision's board of directors. I hereby accept the registered agent, 1 am familiar with, and accept the provision's board of		ALL, FL				83								
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  Stynature bytes denined name of registered agent and other appointment as registered agent agreture required when rendstatival products. I am familiar with an accept the obligation of the provision's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of the provision's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registered office of registered agent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent and discours from the corporation's board of directors. I hereby accept the appointment as registered agent and discours from the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as authorises.  ITHE  PD  TITLE  PD  TITLE  PD  TITLE  PD  TITLE  PD  TITLE  PD  TITLE	34/41					84	City					FI	<b>85</b> Zip	Code
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 places brinked name of registered agent and stell appointment.  SIGNATURE    Signature type   Suprature type   Supratu	11. Pursuant	to the provisions of Secti	ions 617.0502 and	617.1508, Flori	da Statutes, the	e above-r	amed co	orporation s	submits this st	atement for	the purpos	se of chang	ll	egistered office
SIGNATURE  Signature hydrocyclinided name of registered agent and site ancicates in NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  PD Chalifoux, THOMAS E., JR STREET ADDRESS  CITY-ST-ZIP  TITLE  VO DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  VO DELETE  2.1 TITLE  VO DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.1 TITLE  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STD DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  Addition  Change Addition	or register familiar w	red agent, or both, in the ith, and accept the oblice	e State of Florida. S ations of, Section 6	Such change was 31.7.0503. Florida	s authorized by Statutes.	the corp	oration's	board of d	directors. I here	eby accept to	ne appoint	tment as re	gistered	agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE CHALIFOUX, THOMAS E., JR  STREET ADDRESS 2311 INDIAN MOUND TR. 1.3 STREET ADDRESS  CITY-ST-ZIP KISSIMMEE FL 1.4 CITY-ST-ZIP  TITLE VD DELETE 2.1 TITLE CHALIFOUX, CAROLYN A 2.2 NAME  STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 2.3 STREET ADDRESS  CITY-ST-ZIP KISSIMMEE FL 2.4 CITY-ST-ZIP  TITLE STD DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS  STREET ADDRESS 2309 W.CLAY STREET 3.3 STREET ADDRESS  CITY-ST-ZIP KISSIMMEE FL 3.4 CITY-ST-ZIP  TITLE DELETE 3.4 TITLE DELETE 3.4 CITY-ST-ZIP  TITLE DELETE DELETE 3.4 TITLE DELETE DELETE 3.4 CITY-ST-ZIP  TITLE DELETE DELETE 3.1 TITLE DELETE DELETE 3.4 CITY-ST-ZIP  TITLE DELETE DELETE 3.4 TITLE DELETE DELETE DELETE 3.4 CITY-ST-ZIP  TITLE DELETE DELETE 3.4 TITLE DELETE DE	!		Elw	4										
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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 franged, or on an attachment with an address.

SIGNATURE:

Daytime Phone #

1 | 1881 | | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 | 1880 |