

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **768428** (5)
1. Corporation Name
PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED
95 JAN 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 **1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24 Zip	25 Country	29 Zip	30 Country
3. Date Incorporated or Qualified 05/13/1983		3a. Date of Last Report 05/31/1994	
4. FEI Number 31-1069500		Applied For Not Applicable	

9. Name and Address of Current Registered Agent FASSLER, JOHN A., DR. 1211 GULF OF MEXICO DRIVE UNIT #208 P O BOX 49948 LONGBOAT KEY FL 34228		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Dr. John A. Fassler, President DATE 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUERBACH, ROBERT	1.2 NAME	Loevner, Doris
STREET ADDRESS	1211 GULF OF MEXICO DR / STE 401	1.3 STREET ADDRESS	1211 Gulf of Mexico Drive, #702
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	Longboat Key, FL 34228 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	2.1 TITLE	
NAME	MILLER, GILBERT	2.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR / STE 811	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, WALTER	3.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR / STE 502	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSLER, JOHN A	4.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE	DTS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICK, MARGE	5.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELS, MARY ELLEN	6.2 NAME	
STREET ADDRESS	1211 GULF OF MEXICO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	6.4 CITY-ST-ZIP	

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: John A. Fassler Dr. John A. Fassler 1/13/95 813/383-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #