

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



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

Mailing Address  
1211 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified 05/13/1983	3a. Date of Last Report 01/25/1995
4. FEI Number 31-1069500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *John Fassler* Dr. John A. Fassler, Pres. 1/17/96  
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	D LOEVNER, DORIS 1211 GULF OF MEXICO DRIVE, #702 LONGBOAT KEY FL <input type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Doris Loevner
STREET ADDRESS		1.3 STREET ADDRESS	1211 Gulf of Mexico Drive, #702
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	DV MILLER, GILBERT 1211 GULF OF MEXICO DR / STE 811 LONGBOAT KEY FL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HESS, WALTER 1211 GULF OF MEXICO DR / STE 502 LONGBOAT KEY FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Nancy Trotta
STREET ADDRESS		3.3 STREET ADDRESS	1211 Gulf of Mexico Dr., #801
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	PD FASSLER, JOHN A 1211 GULF OF MEXICO DR LONGBOAT KEY FL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DTS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Fassler* Dr. John Fassler 1/17/96 941/383-8893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)