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Apr 02 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 # 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 34228-4602
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/13/1983	3a. Date of Last Report 04/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-1069500	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.1503, Florida Statutes.

SIGNATURE *John Fassler, President* DATE **3-24-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEVNER, DORIS	1.2 NAME	Secretary/Treas.
STREET ADDRESS	1211 GULF OF MEXICO DRIVE, #702	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXX MILNER, GILBERT	2.2 NAME	Director
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 1211 GULF OF MEXICO DR / STE 811	2.3 STREET ADDRESS	Dr, Eugene Cohen
CITY-ST-ZIP	XXXXXXXXXX LONGBOAT KEY FL	2.4 CITY-ST-ZIP	1211 Gulf of Mexico Drive, Suite 510
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	
STREET ADDRESS	TROTTA, NANCY	3.3 STREET ADDRESS	
CITY-ST-ZIP	1211 GULF OF MEXICO DRIVE #801	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	4.2 NAME	
STREET ADDRESS	FASSLER, JOHN A	4.3 STREET ADDRESS	
CITY-ST-ZIP	1211 GULF OF MEXICO DR	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXX AUERBACH, ROBERT	5.2 NAME	Vice President
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 1211 GULF OF MEXICO DRIVE #401	5.3 STREET ADDRESS	
CITY-ST-ZIP	XXXXXXXXXX LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	MARCUS, ELLIOTT	6.3 STREET ADDRESS	
CITY-ST-ZIP	1211 GULF OF MEXICO DRIVE #102	6.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME	MARCUS, ELLIOTT		
STREET ADDRESS	1211 GULF OF MEXICO DRIVE #102		
CITY-ST-ZIP	LONGBOAT KEY FL		

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.

SIGNATURE *John Fassler, President* DATE **3/24/97** 941/383 8893

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