

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228</b>	Mailing Address <b>1211 GULF OF MEXICO DR. LONGBOAT KEY FL 34228</b>
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3. Date Incorporated or Qualified

**05/13/1983**

4. FEI Number

**31-1069500**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FASSLER, JOHN A., DR.  
1211 GULF OF MEXICO DRIVE UNIT #208  
P O BOX 49948  
LONGBOAT KEY FL 34228**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

**Dr. John Fassler, President**

**3/23/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LOEVNER, DORIS</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE, #702</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kraman, Dr. Hyman</b>	
1.3 STREET ADDRESS	<b>1211 Gulf of Mexico Drive, #306</b>	
1.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, EUGENE D</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR, SUITE 510</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TROTTA, NANCY</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #801</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FASSLER, JOHN A</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DR</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>AUERBACH, ROBERT</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #401</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARCUS, ELLIOTT</b>	
STREET ADDRESS	<b>1211 GULF OF MEXICO DRIVE #102</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Savage, Marvin</b>	
6.3 STREET ADDRESS	<b>1211 Gulf of Mexico Drive, #303</b>	
6.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	

14. I 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* Dr. John Fassler, President

3/23/98

CR2E037 (1097)