

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 05/13/1983	
4. FEI Number 31-1069500	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOEVNER, DORIS		1.2 NAME Kraman, Dr. Hyman	
STREET ADDRESS 1211 GULF OF MEXICO DRIVE, #702		1.3 STREET ADDRESS 1211 Gulf of Mexico Drive, #306	
CITY-ST-ZIP LONGBOAT KEY FL		1.4 CITY-ST-ZIP Longboat Key, FL 34228	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, EUGENE D		2.2 NAME	
STREET ADDRESS 1211 GULF OF MEXICO DR, SUITE 510		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TROTTA, NANCY		3.2 NAME	
STREET ADDRESS 1211 GULF OF MEXICO DRIVE #801		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	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 VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUERBACH, ROBERT		5.2 NAME	
STREET ADDRESS 1211 GULF OF MEXICO DRIVE #401		5.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCUS, ELLIOTT		6.2 NAME Savage, Marvin	
STREET ADDRESS 1211 GULF OF MEXICO DRIVE #102		6.3 STREET ADDRESS 1211 Gulf of Mexico Drive, #303	
CITY-ST-ZIP LONGBOAT KEY FL		6.4 CITY-ST-ZIP Longboat Key, FL 34228	

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 (10/97)