• 7.	FILE NOW: FIL						
CORP	IPROFIT ORATION	M423	B. Mortham				
ANNUAL REPORT Secretary  1996 DIVISION OF CO			ary of State CORPORAT				
DOCUM 1. Corporation N	IENT # 77115	0 (0)					
•	PEZ CONDOMINIUM I A	SSOCIATION, INC.				<u> </u>	
Principal Place o	f Business	Mailing Address				<b>38</b> () <b>3</b> (5)) <b>3</b> (18) 3(5) 4	<b>   </b>
352 WEST WINDS DR. P.O. BOX 695 PALM HARBOR FL 34683 TARPON SPRINGS FL 34689							
					3. Date Incorporated or Qualified 11/08/1983	3a. Date of Last R 09/18/19	95
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number - <del>19 9502246</del> 57-2	1402246 N	ot Applicable
Suite, Apt. #,	etc.	26 Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75	Additional lequired
City 8 State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	Added	May Be to Fees
Zip Country <b>25</b>		Z ip <b>29</b>	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New F	legistered Agent	
352 WES	DPERTY MANAGEMENT INC. T WINDS DR. IRBOR FL 34683			82 Street A	uddress (P.O. Box Number is Not Acceptal	ole)	
				84 City		FL   T	Code
11. Pursuant to or registere familiar with	n, and accept the epilipations of, or	SCHOTTOTOSOS, FIORIDA Statute	ites, the aborized by the cost.	ve-named cor orporation's t	rporation submits this statement for the pupoard of directors. I hereby accept the app	rpose of changing its re pointment as registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registrated as	nus - (1991) gort and title if applicable.	NOTE: Registered	Agent signaturo re	equired when reinstating)	DATE DIGEOTO	IDC IN 10
12.		AND DIRECTORS	13.	T. C	ADD/TIONS/CHANGES TO OF	Change	Addition
TITLE NAME	PD COOK, JOHN J.	_	1.1 TII 1.2 N/	AME			RS IN 12
STREET ADDRESS CITY-ST-ZIP	3455 COUNTRYSIDE BL # CLEARWATER FL 34621	106		TREET ADDRESS			
TITLE	VPD	DELETE	2 1 TI	TLE		Change	Addition \
NAME	GILDERSLEEVE, CONSTAN 3455 COUNTRYSIDE BL #		22 N/ 23 SI	ame Treft address			
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL 34621			CITY-ST-ZIP			PH NAME -
TITLE	\$T	DELETE	3.1 TI		S/T/D NELSON, CHRISTINE	<b>⊠</b> Change	Addition
NAME SYDEET ADDRESS	GILDERSLEEVE, NELSON 3455 COUNTRYSIDE BLVI	) 105	32 N 33 S	AME TREET ADDRESS	3455 COUNTRYSIDE IS	LVD +105	
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL 34621			CITY - \$1 - ZIP	CLEARWATER, FL 3	1621	<b>□</b> 1430°
TITLE		DELETE	4.1 T			Change	☐ Addition
NAME				name Itreet address	الله الاستان والسان والسان والسان الاستان	254 <b>25711111</b>	
STREET ADDRESS				CITY-ST-ZIP	6000017 -03/14/360	1046020	
TITLE		DELETE	5.1 T		***61.25	Change	☐ Addition
NAME				iamé			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		DELETE		DITY-S1-ZIP TITLE		Change	☐ Addition
TITLE NAME				VAME			
STREET ADDRESS			6.3 5	STREE1 ADDRESS			

64 CITY - ST - ZIP

SIGNATURE: 👱

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with the 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 cath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 if changed, or on an attachment with an address