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NONPROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Too Nokomis avenue condominium association, inc.  Principal Place of Business  Mailing Address							
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700 NOKOMIS AVENUE 700 NOKOMIS AVENUE VENICE FL 34285-3419 VENICE FL 34285-3419							
					3. Date Incorporated or Qualified 12/27/1983		of Last Report 5/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2334968		Applied For Not Applicable
Suite, Apt. #, etc.		Suite Act # etc	Suite, Apt. #, etc.		\$8		\$8.75 Additional
Suite, Apt. :	#, etc.	27			5. Certificate of Status Desired		Fee Required
City & State	9	City & State			6. Election Campaign Financing		<b>\$5.00</b> May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Ζιρ	Country	1	This corporation has liability for Florida Statutes	intangibie tax □ Yes □ N	
24	25 9. Name and Address of Cur	rent Registered Agent	30		10. Name and Address of New i		
	a. Hailing and Address of Cul	terri trofficiona o Garin	81	Name			
RAGA V	VICTOR B.		B2	Street Addi	ress (P.O. Box Number is Not Acceptal	ble)	
	KOMIS AVENUE						
	FL 33595		83				
,			84	City.			85 Zip Code
				ļ. <u> </u>	ration submits this statement for the pu	FL.	ging its registered offic
or register	to the provisions of Sections 617.0: ared agent, or both, in the State of F with, and accept the obligations of, S	lorida. Such chance was authoria	zad hv the cort	ooration's boa	ard of directors. I hereby accept the app	pointment as re	egistered agent. I am
		7,000,000,000,000,000,000,000,000,000,0	<b>5</b> .				
SIGNATURE	Signature, typed or printed name of registered a	agent and little if applicable (N	OTE: Registered Age		od when reinstating)	DATE FICERS AND (	DIRECTORS IN 12
SIGNATÚRE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable (N AND DIRECTORS	OTE: Registered Age			FICERS AND I	DIRECTORS IN 12
SIGNATÚRE  12.  TITLE	Signature, typed or printed name of registered a OFFICERS	agent and little if applicable (N	OTE: Registered Agr 13.	ent signature require	od when reinstating)	FICERS AND I	
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certify that the information indicated on this arindal report or supplemental arindal report is true and accurate and that my signature shall have the same legal effect as it made those oath; that it 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: \_

SIGNATURE AND TYPED OR PHINTED WANT OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)