


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01333 (6)**

1. Corporation Name

RITZ TENANTS' ASSOCIATION, INC.



Principal Place of Business

**5120 14TH STREET N
BRADENTON FL 34205
US**

Mailing Address

**C/O 1515 60TH AVENUE WEST
B
BRADENTON FL 34207
US**

3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above

4. FEI Number
65-0123539

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

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

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

23
Zip Country

28
Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUBOTTE, DAVID
5120 14TH STREET WEST L111
BRADENTON FL 34205**

81 Name **John Tattan**
82 Street Address (P.O. Box Number is Not Acceptable)
5120 14th St, W, #13
83 **Bradenton**
84 City

FL 85 Zip Code
34207

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 **JOHN TATTAN, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-12-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TATTAN, JOHN**
STREET ADDRESS **5120 14TH ST W L13**
CITY - ST - ZIP **BRADENTON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **SECT**
STREET ADDRESS **RUSH, DEBBIE L**
CITY - ST - ZIP **5120 14TH ST W L-113
BRADENTON FL**

2.1 TITLE **TREASURER** ☐ Change ☒ Addition
2.2 NAME **NORMA M. SPRICK**
2.3 STREET ADDRESS **5120 14th St, W, #16**
2.4 CITY - ST - ZIP **BRADENTON FL 34207**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TAYLOR, MARGAURETTA**
CITY - ST - ZIP **5120 - 14TH ST., W., #112
BRADENTON FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **JOHNSON, LEROY**
CITY - ST - ZIP **5120 14TH ST W L 108
BRADENTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ALBERS, DOROTHY**
CITY - ST - ZIP **5120 14TH STREET W.#94
BRADENTON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **DYKE, HAROLD**
CITY - ST - ZIP **5120 14TH ST W L 115
BRADENTON FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norma M. Sprick Treasurer

6-12-96
Date

616-857-4855
Daytime Phone #

CR2E037 (3/96)