

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02789** (8)
1. Corporation Name
LORELEI CONDOMINIUM OWNER'S ASSOCIATION, INC.

Principal Place of Business

% MR. WILLIAM O. HAAS
559 FAIRHOPE AVE.
FAIRHOPE AL 36532

Mailing Address

559 FAIRHOPE AVENUE
FAIRHOPE AL 36532
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 17135 Perdido Key Dr.		26 14110 Perdido Key DR		04/27/1984		06/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 17135 Perdido Key Dr.		27 R-1		63-1030170		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Pensacola, FL		28 Pensacola, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29 32507		30 Escambia	
24 32507		25 Escambia		29 32507		30 Escambia	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAY & KIEVT 15 W. MAIN STREET PENSACOLA FL 32501				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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

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	PD	1.1 TITLE	D
NAME	HAAS, WILLIAM O	1.2 NAME	
STREET ADDRESS	553 FAIRHOPE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRHOPE AL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD
NAME	HALL, NANCY A	2.2 NAME	Shirley Gregoire
STREET ADDRESS	21 QUAIL LOOP	2.3 STREET ADDRESS	710 South Mobile St #44
CITY-ST-ZIP	FAIRHOPE AL	2.4 CITY-ST-ZIP	Fairhope, AL 36532
TITLE	VD	3.1 TITLE	
NAME	FEENEY, JOHN	3.2 NAME	
STREET ADDRESS	17135 PERDIDO KEY DR.201	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	PD
NAME	HALL, NANCY A	4.2 NAME	John Palmer
STREET ADDRESS	21 QUAIL LOOP	4.3 STREET ADDRESS	17139 Perdido Key Drive # 105
CITY-ST-ZIP	FAIRHOPE AL	4.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Feb 26 - 96 (334) 928-5934

CR2E037 (12/95)