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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
17135 PERDIDO KEY DRIVE
PENSACOLA FL 32507
US
14110 PERDIDO KEY DRIVE
SUIT E R-1
PENSACOLA FL 32507-9576
US

3. Date Incorporated or Qualified **04/27/1984** 3a. Date of Last Report **03/08/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	63-1030170	<input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY & KIEVIT
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOIRE, SHIRLEY	2.2 NAME	
STREET ADDRESS	710 SOUTH MOBILE STREET #44	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRHOPE AL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEENEY, JOHN	3.2 NAME	O.A. Cleveland
STREET ADDRESS	17135 PERDIDO KEY DR.201	3.3 STREET ADDRESS	17135 Perdido Key Drive #203
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JOHN	4.2 NAME	
STREET ADDRESS	17139 PERDIDO KEY DRIVE #105	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	William H. Hayton
STREET ADDRESS		5.3 STREET ADDRESS	3206 Bayou Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pensacola, FL 32503-3451
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 _____

Shirley Gregoire P

CR2E037 (9/96)