

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 # **N04303** (6)

1. Corporation Name

MARTY-LEE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**MARTY LEE CONDOMINIUM ASSOC INC
8415 B NORTH ALBANY AVE
TAMPA FL 33604
US**

Mailing Address

**MARTY LEE CONDOMINIUM ASSOC INC
8415-B NORTH ALBANY AVE
TAMPA FL 33604
US**

3. Date Incorporated or Qualified
07/23/1984

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKELONIS, ANDREW
8415-B NORTH ALBANY AVE.
TAMPA FL 33604**

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 obligation, 317.0503, 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 **D** ☐ DELETE
NAME **MIKELONIS, ANDY**
STREET ADDRESS **8415 B NORTH ALBANY**
CITY-ST-ZIP **TAMPA FL 33604**

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **EVORS, EDWARD**
STREET ADDRESS **8415 C NORTH ALBANY**
CITY-ST-ZIP **TAMPA FL 33604**

2.1 TITLE **D** ☒ Change ☒ Addition
2.2 NAME **Dicole McLeish Chin**
2.3 STREET ADDRESS **8415-C North Albany**
2.4 CITY-ST-ZIP **Tampa FL 33604**

TITLE **D** ☒ DELETE
NAME **VERA, JOSE**
STREET ADDRESS **8415 A NORTH ALBANY**
CITY-ST-ZIP **TAMPA FL 33604**

3.1 TITLE **D** ☒ Change ☒ Addition
3.2 NAME **Larry Broadhead**
3.3 STREET ADDRESS **8415-A North Albany**
3.4 CITY-ST-ZIP **Tampa FL 33604**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Andie Mikelonis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

813-935-4979

Daytime Phone #

CR2E037 (12/95)