

FILE NOW: FILING FEE IS \$61.25

29750

**NONPROFIT CORPORATION ANNUAL REPORT 1996**

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



FILED

97 SEP -8 AM 11:02

SECRETARY OF STATE

DOCUMENT # N04304 (4)

1. Corporation Name

THE EMBASSY CENTER CONDOMINIUM ASSOCIATION, INC.

W97 000019689



Principal Place of Business

Mailing Address

C/O M.C. RICHARDS, SUITE 103  
6201 PRESIDENTIAL COURT, S.W.  
FT MYERS FL 33919

C/O M.C. RICHARDS, SUITE 103  
6201 PRESIDENTIAL COURT, S.W.  
FT MYERS FL 33919

REINSTATEMENT

96-97

3. Date Incorporated or Qualified  
07/23/1984

3a. Date of Last Report  
02/08/1995

4. FEI Number  
59-2566401

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Sandra Fox  
Suite, Apt. #, etc.  
22 6201 Presidential Ct  
City & State  
23 Ft Myers FL  
Zip Country  
24 33919 25 Lee

26 Sandra Fox  
Suite, Apt. #, etc.  
27 6201 Presidential Ct  
City & State  
28 Ft Myers FL  
Zip Country  
29 33919 30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRUMM, MARIA L.  
1440 LAKESPUR DRIVE  
FT. MYERS FL 33901

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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]  
Signature, typed or printed name of registered agent and, when applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input type="checkbox"/> DELETE            |
| NAME           | FOX, SANDRA             |  |
| STREET ADDRESS | 1442 REYNARD DR.        |  |
| CITY-ST-ZIP    | FT MYERS FL             |  |
| TITLE          | STD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | RICHARDS, MICHAEL C.    |  |
| STREET ADDRESS | 2306 HARVARD AVE.       |  |
| CITY-ST-ZIP    | FT MYERS FL             |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | SHAFFER, GEORGE         |  |
| STREET ADDRESS | 841 CYPRESS LAKE CIRCLE |  |
| CITY-ST-ZIP    | FT. MYERS FL            |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | FOX, SANDRA             |  |
| 1.3 STREET ADDRESS | 18515 Deer Passage Lane |  |
| 1.4 CITY-ST-ZIP    | Ft Myers Beach FL 33931 |  |
| 2.1 TITLE          | Director                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Wood Foster             |  |
| 2.3 STREET ADDRESS | 19319 Silver Oaks Dr    |  |
| 2.4 CITY-ST-ZIP    | Ft Myers 33912          |  |
| 3.1 TITLE          | Maria L. Drumm          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Registered agent        |  |
| 3.3 STREET ADDRESS | 1440 Lakespur Dr.       |  |
| 3.4 CITY-ST-ZIP    | Ft. Myers FL 33901      |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          |                         |  |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

600002289706-4

09/10/97 \*\*\*297.50 \*\*\*297.50

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/97

Date

941-481-1211

Daytime Phone #

CR2E037 (12/95)