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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13507 (1)**  
1. Corporation Name  
**AEGEAN HIDE-A-WAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>676 76TH AVE. UNIT 4 ST. PETERSBURG BCH FL 33706 US</b>	Mailing Address <b>676 76TH AVE. UNIT 4 STP PETERSBURG BCH FL 33706-1808 US</b>
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3. Date Incorporated or Qualified <b>02/20/1986</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, GORDON B.  
674 76 AVE.  
ST. PETERSBURG BEACH FL 33706**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 **Gordon B. Smith, Treasurer** DATE **3 February 1997**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREIHOFFER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>678 76 AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK PARSTON</b>	2.2 NAME	
STREET ADDRESS	<b>670 76 AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMONOPOULOS, BOBBYE</b>	3.2 NAME	
STREET ADDRESS	<b>676 76 AVE UNIT 5</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETE BEACH FL 33706</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, GORDON B</b>	4.2 NAME	
STREET ADDRESS	<b>674 76 AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETE BEACH FL 33706</b>	4.4 CITY-ST-ZIP	
TITLE	SAA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, EVELYN G</b>	5.2 NAME	
STREET ADDRESS	<b>674 76 AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETE BEACH FL 33706</b>	5.4 CITY-ST-ZIP	
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: **Gordon B. Smith** **2-1-97** **360-2059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050323

CR2E037 (9/96)