

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90106 012 ****61.25

DOCUMENT # **N13507**

1. Corporation Name

AEGEAN HIDE-A-WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

676 76TH AVE. UNIT 4
ST. PETERSBURG BCH FL 33706
US

Mailing Address

676 76TH AVE. ~~UNIT 4~~
STP PETERSBURG BCH FL 33706
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/20/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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	<input type="checkbox"/> DELETE
NAME	FREIHOFFER, ROBERT	
STREET ADDRESS	678 76 AVE.	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PRESTON, JACK	
STREET ADDRESS	670 76 AVE.	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEMONOPOULOS, BOBBYE	
STREET ADDRESS	676 76 AVE UNIT 4	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, GORDON B	
STREET ADDRESS	674 76 AVE	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	SAA	<input type="checkbox"/> DELETE
NAME	SMITH, EVELYN G	
STREET ADDRESS	674 76 AVE.	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Smith, Gordon B	
1.3 STREET ADDRESS	674 76 Ave	
1.4 CITY-ST-ZIP	St Pete Beach FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	+D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Freihofer, Robert	
4.3 STREET ADDRESS	678 76 Ave	
4.4 CITY-ST-ZIP	St Pete Beach FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

I 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

1-6-99 727-360-2059

CR2E037 (11/98)