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FILED

Feb 18 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 # N16730 (6)

1. Corporation Name

5282 95TH STREET NORTH CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

5282 95TH ST. N.
UNIT #5
ST. PETERSBURG FL 33708

5282 95TH ST. N.
UNIT #5
ST. PETERSBURG FL 33708-3773

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified
09/10/1986

3a. Date of Last Report
02/19/1996

4. FEI Number
59-2877527

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUL JAMES
5282 95TH STREET N.
#2
ST. PETERSBURG FL 33708

81 Name Norman Mahan
82 Street Address (P.O. Box Number is Not Acceptable)
5282 95th St. N.
83 ST. Petersburg FL 33708
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAHAN, NORMAN	
STREET ADDRESS	5282 95TH ST. N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAUL, JAMES	
STREET ADDRESS	5282 95TH STREET N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ERCHENBERG, CHARLES	
STREET ADDRESS	5282 95TH ST. N.	
CITY - ST - ZIP	ST. PETERSBURG 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TO
2.3 STREET ADDRESS	ERCHENBERG, CHARLES
2.4 CITY - ST - ZIP	5282 95th STREET N ST. PETERSBURG FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	HAMILTON, EVELYN
3.4 CITY - ST - ZIP	5282 95th ST. N. ST. PETERSBURG FL
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	<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	

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: Evelyn Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050493

CR2E037 (9/96)