**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N17053 (2)

1. Corporation Name
TANGIERS RESORT CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18695 COLLINS AVE<br>MIAMI BEACH FL 33160-2404 | 18695 COLLINS AVE<br>MIAMI BEACH FL 33160-2404 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2918162 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IAMARINO, ARTHUR
18695 COLLINS AVE
MIAMI BCH FL 33160

10. Name and Address of New Registered Agent

81 Name: TOM VLACHOS
82 Street Address (P.O. Box Number is Not Acceptable): 5220 N.W. 72ND AVE #22
83:
84 City: MIAMI FL FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ 4/20/95
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 | 11 TITLE | P | ☒ Change ☒ Addition |
| NAME | IAMARINO, ARTHUR | 12 NAME | TOM VLACHOS | |
| STREET ADDRESS | 18695 COLLINS AVE | 13 STREET ADDRESS | 5220 N.W. 72ND AVE #22 | |
| CITY-ST-ZIP | MIAMI BEACH FL | 14 CITY-ST-ZIP | MIAMI FL. 33166 | |
| TITLE | VP | 21 TITLE | V P/D | ☒ Change ☒ Addition |
| NAME | CALDWELL, CATHERINE | 22 NAME | JOSEPH HOPMAN | |
| STREET ADDRESS | 907 NE 4TH CT | 23 STREET ADDRESS | 3550 N.W. 117TH LANE | |
| CITY-ST-ZIP | HALLANDALE FL | 24 CITY-ST-ZIP | SUNRISE, FL. 33323 | |
| TITLE | D | 31 TITLE | D | ☒ Change ☒ Addition |
| NAME | MURRAY, RICHARD | 32 NAME | FRANK DUQUE | |
| STREET ADDRESS | 14727 DILBECK DR | 33 STREET ADDRESS | 11960 N.W. 27TH ST. | |
| CITY-ST-ZIP | SPRING HILL FL | 34 CITY-ST-ZIP | PLANTATION, FL. 33323 | |
| TITLE | D | 41 TITLE | ST | ☐ Change ☐ Addition |
| NAME | MURRAY, BETTY | 42 NAME | SAM McDONOUGH | |
| STREET ADDRESS | 14727 DILBECK DR | 43 STREET ADDRESS | 1400 TRACY DEE WAY | |
| CITY-ST-ZIP | SPRING HILL FL | 44 CITY-ST-ZIP | LONGWOOD, FL. | |
| TITLE | ST | 51 TITLE | | ☒ Change ☐ Addition |
| NAME | MCDONOUGH, SAM | 52 NAME | | |
| STREET ADDRESS | 1400 TRACY DEE WAY | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | D | ☒ Change ☐ Addition |
| NAME | ORCUTT, FRANK | 62 NAME | FRANK ORCUTT | |
| STREET ADDRESS | 61 COMMONWEALTH AVE | 63 STREET ADDRESS | 61 COMMONWEALTH AVE | |
| CITY-ST-ZIP | W. BRIDGEWATER MA | 64 CITY-ST-ZIP | W. BRIDGEWATER, MA. 02379 | |

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:** _____ 4/28/95 (305) 932-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043484