

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17053 (2)

1. Corporation Name

TANGIERS RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

18695 COLLINS AVE
MIAMI BEACH FL 33160-2404

Mailing Address

18695 COLLINS AVE
MIAMI BEACH FL 33160-2404



3. Date Incorporated or Qualified
09/30/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2918162

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

VLACHOS, TOM
5220 NW 72ND AVE
SUITE 22
MIAMI FL 33166

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 617.1509, 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)

7/22/96
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
VLACHOS, TOM
5220 NW 72ND AVE #22
MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
HOPMAN, JOSEPH
3550 N.W. 117TH LANE
SUNRISE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DUQUE, FRANK
11960 NW 27TH ST
PLANTATION FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MCDONOUGH, SAM
1400 TRACY DEE WAY
LONGWOOD FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MCDONOUGH, SAM
1400 TRACY DEE WAY
LONGWOOD FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ORCUTT, FRANK
61 COMMONWEALTH AVE
W. BRIDGEWATER MA
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600001907226
-07/30/96--01011--009
***61.25

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)(b) 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM VLACHOS

7/22/96
Date

932-1200
Daytime Phone #

CR2E037 (3/96)