

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N17053 (2)  
1. Corporation Name  
TANGIERS RESORT CONDOMINIUM ASSOCIATION, INC.Principal Place of Business  
18695 COLLINS AVE  
MIAMI BEACH FL 33160-2404Mailing Address  
18695 COLLINS AVE  
MIAMI BEACH FL 33160-24043. Date Incorporated or Qualified 09/30/1986  
3a. Date of Last Report 07/29/19964. FEI Number 59-2918162  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 617.1508, 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

Tom VLACHOS

(NOTE: Registered Agent signature required when reinstating)

8/31/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME VLACHOS, TOM  
STREET ADDRESS 5220 NW 72ND AVE #22  
CITY - ST - ZIP MIAMI FL  
☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE VPD  
NAME HOPMAN, JOSEPH  
STREET ADDRESS 3550 NW 117TH LANE  
CITY - ST - ZIP SUNRISE FL  
☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE ST  
NAME MCDONOUGH, SAM  
STREET ADDRESS 1400 TRACY DEE WAY  
CITY - ST - ZIP LONGWOOD FL  
☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE ST  
NAME MCDONOUGH, SAM  
STREET ADDRESS 1400 TRACY DEE WAY  
CITY - ST - ZIP LONGWOOD FL  
☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE D  
NAME ORCUTT, FRANK  
STREET ADDRESS 61 COMMONWEALTH AVE  
CITY - ST - ZIP W. BRIDGEWATER MA  
☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
CHARLES VISCITO  
18695 COLLINS AVE #137  
MIAMI BEACH, FL. 33160

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97 (305) 932-1200

Date

Daytime Phone # 0031468

CR2E037 (9/96)